



LYNN LAW GROUP

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CONSULTATION - NEW BUSINESS

CLIENT NAME:	DATE:
RESIDENCY STATE:	US CITIZENS:
ORGANIZATION STATE:	FORM PREPARED BY:
MAJORITY VOTING:	REFERRAL:
EXPECTED EMPLOYEES WITHIN 1 YEAR:	STATES OF BUSINESS:
BUSINESS ACTIVITIES:	TOTAL SHARES:
PREEMPTIVE RIGHTS:	TAX YEAR: CALENDAR FISCAL

OWNERSHIP

NAME	ADDRESS	SS #	MGMT POSITION?	%	CAPITAL %

REGISTERED AGENT

NAME	ADDRESS

REQUESTED NAME/ADDRESS

NAME	PHYSICAL ADDRESS/MAILING ADDRESS

LEGAL SERVICES

	STANDARD	PROFESSIONAL
ARTICLES OF INCORPORATION/ORGANIZATION	X	X
EMPLOYER IDENTIFICATION NUMBER	X	X
BYLAWS/OPERATING AGREEMENT		X
STOCK CERTIFICATES		X
STOCK LEDGER		X
MINUTES FORM		X
WRITTEN CONSENT OF DIRECTORS TO ORGANIZE		X

RECOMMENDATION/FEE

RECOMMENDED	FEE QUOTE
ADDITIONAL NOTES:	