



The Law Office of
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LLC FORMATION QUESTIONNAIRE

ATTORNEY WORK PRODUCT/ ATTORNEY-CLIENT PRIVILEGED INFORMATION

Full Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____ Other: _____ Fax: _____

E-Mail: _____

An LLC is a separate legal entity apart from the members. Before answering these questions, you should think about how you want your entity set up. If you have any questions regarding these questions, please talk to your CPA/accountant about tax consequences or leave the question blank and we will discuss the item further. Otherwise, please indicate your desires in this questionnaire and return it so that your LLC Articles of Organization can be prepared for your review and signature.

Entity Name (The name must contain "L.L.C." or "LLC"): _____

Entity Address: _____

City: _____ State: _____ ZIP: _____

EIN (if already existing): _____

Initial business to be conducted: _____

Statutory Agent Name/Address: _____

Management of LLC: Member-managed or Manager-managed (circle one) Expedited: Yes/No

1. Member/Manager: _____

Address: _____

City: _____ State: _____ ZIP: _____

2. Member/Manager: _____

Address: _____

City: _____ State: _____ ZIP: _____

3. Member/Manager: _____

Address: _____

City: _____ State: _____ ZIP: _____

Additional specific requests or instructions for me: _____

After your LLC Articles of Organization are prepared, please review them prior to signing to ensure they are consistent with your wishes. If they are not, contact me and we can correct any inaccuracies.

****Please indicate if you are interested in obtaining more information on any of the following additional corporate legal assistance:*

- _____ *Statutory Agent and annual meetings/resolutions*
- _____ *Operating Agreement for your LLC*
- _____ *Tradenname/Trademark*
- _____ *Employee/Independent Contractor Forms*
- _____ *Customer Agreement*
- _____ *Vendor Agreements*
- _____ *Other: _____*