THE LAW OFFICE OF
J.D. BROWN, P.C.

Legal and Tax Resolutions

NAME OF CORPORATION: *List in order of preference. If INC, Note election S OR C.*
1.
2.
3.

CORPORATION ADDRESS	
STREET	
CITY	**COUNTY**
STATE	**ZIP CODE**
MAILING ADDRESS (IF DIFFERENT)	
STREET	
CITY	**COUNTY**
STATE	**ZIP CODE**
PHONE	**EMAIL**

REGISTERED AGENT *Enter information of person selected to receive important legal and tax documents including: notice of litigation, tax forms and annual report forms. The registered agent may be an individual or company located at a street address in the state where the company is formed. JD BROWN PC offers this service. Please ask for details.*	
NAME	
STREET	
CITY	**COUNTY**
STATE	**ZIP CODE**
PHONE	**EMAIL**

TEL: 770.989.1990 FAX: 770.989.1993 EMAIL:JD@JDBROWNPC.COM

PURPOSE OF CORPORATION (DO NOT LEAVE BLANK - BRIEFLY DESCRIBE BUSINESS)

PROFESSIONAL LICENSE NUMBER *This is for professional organizations such as certified public accountancy, architecture, chiropractic, dentistry, professional engineering, land surveying, law, psychology, medicine and surgery, optometry, osteopathy, podiatry, veterinary medicine, registered professional nursing or harbor piloting.*

INITIAL OFFICERS & STOCKHOLDERS - PRESIDENT			
MARK ONE **IF INC: # OF SHARES_____** **OR IF LLC: MANAGER_____ MEMBER_____ % OF OWNWERSHIP_____**			
NAME			
SOCIAL SECURITY #		**DOB**	
STREET ADDRESS			
CITY	**COUNTY**	**STATE**	**ZIP**
TELEPHONE		**EMAIL**	

INITIAL OFFICERS & STOCKHOLDERS - SECRETARY			
MARK ONE IF INC: # OF SHARES_____ OR IF LLC: MANAGER_____ MEMBER_____ % OF OWNWERSHIP_____			
NAME			
SOCIAL SECURITY #		DOB	
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
TELEPHONE		EMAIL	

INITIAL OFFICERS & STOCKHOLDERS - TREASURER			
MARK ONE IF INC: # OF SHARES_____ OR IF LLC: MANAGER_____ MEMBER_____ % OF OWNWERSHIP_____			
NAME			
SOCIAL SECURITY #		DOB	
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
TELEPHONE		EMAIL	

INITIAL OFFICERS & STOCKHOLDERS - SHAREHOLDER			
MARK ONE IF INCE: # OF SHARES_____ OR IF LLC: % OF OWNWERSHIP_____			
NAME			
SOCIAL SECURITY #		DOB	
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
TELEPHONE		EMAIL	

INITIAL OFFICERS & STOCKHOLDERS - SHAREHOLDER			
MARK ONE IF INCE: # OF SHARES_____ OR IF LLC: % OF OWNWERSHIP_____			
NAME			
SOCIAL SECURITY #		DOB	
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
TELEPHONE		EMAIL	

INITIAL BOARD OF DIRECTORS - CHAIRMAN *For Corporation only*			
NAME			
STREET ADDRESS			
CITY	**COUNTY**	**STATE**	**ZIP**

INITIAL BOARD OF DIRECTORS - SECRETARY *For Corporation only*			
NAME			
STREET ADDRESS			
CITY	**COUNTY**	**STATE**	**ZIP**

INITIAL BOARD OF DIRECTORS - OTHER *For Corporation only*			
NAME			
STREET ADDRESS			
CITY	**COUNTY**	**STATE**	**ZIP**

NUMBER OF EMPLOYEES EXPECTED OVER FIRST 12 MONTHS	
DATE BUSINESS EXPECTED TO: START, STARTED OR ACQUIRED	
DATE WAGES (WILL BE/WERE) PAID (IF APPLICABLE)	