

FORM A
DELAWARE SERIES LLC BY FAX

Instructions: Please complete and fax this sheet to Toll Free: 1 (800) 520-7800 to begin the process of forming your Delaware Series LLC. Spiegel & Utrera, P.A. will contact you to review your details and to provide answers to all your business formation needs.

CONTACT INFORMATION

Full Name: _____
Your daytime phone number: (____) _____ Your fax number (____) _____
Email address: _____
Your mailing address: _____

INITIAL COMPANY DETAILS

Name of your Series LLC: _____
NATURE OF BUSINESS (Briefly describe what the Series LLC will do): _____

When we contact you please be sure to have the names, contact information and social security numbers of any additional parties that you would like to be included in the formation of your LLC.

Delaware Series Limited Liability Company \$489.95

Please **CIRCLE** Any Additional Services that you would like to be addressed when consulting with Spiegel & Utrera, P.A.:

- | | |
|--|---|
| <input type="checkbox"/> General Counsel Club & Registered Agent Service | <input type="checkbox"/> Lender's Agreement & Promissory Note |
| <input type="checkbox"/> Detours and Contradictions | <input type="checkbox"/> Security Agreement |
| <input type="checkbox"/> Charlie's Entrepreneurial Journey | <input type="checkbox"/> Perfecting the Lien Created by the Security Agreement – Uniform Commercial Code |
| <input type="checkbox"/> Service Agreement | <input type="checkbox"/> Initial Series LLC Operating Agreement |
| <input type="checkbox"/> Mail Forwarding Service | <input type="checkbox"/> Additional Series Operating Agreement |
| <input type="checkbox"/> Non-Voting Membership Interests | <input type="checkbox"/> Series LLC Members Restrictive Agreement |
| <input type="checkbox"/> Business Checking, Investment Account and Delayed Debit Gold MasterCard | <input type="checkbox"/> Member Divorce Protection Provisions in the Series LLC Members Restrictive Agreement |
| <input type="checkbox"/> Sub Chapter "S" Tax Status | <input type="checkbox"/> Series LLC Management Agreement |
| <input type="checkbox"/> IRS Section 1244 LLC Membership Interests for Sub Chapter S LLCs | <input type="checkbox"/> Dual Class LLC |
| <input type="checkbox"/> Federal Tax ID Number | <input type="checkbox"/> Dual Class Management Agreement |
| <input type="checkbox"/> D & B Number | <input type="checkbox"/> Home Office Lease |
| <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) | <input type="checkbox"/> Motor Vehicle Lease |
| <input type="checkbox"/> Delaware New Hire Reporting | <input type="checkbox"/> Office Equipment Lease |
| <input type="checkbox"/> Delaware Business Registration | <input type="checkbox"/> Employee Benefits and Policies |
| <input type="checkbox"/> Delaware Department of Labor Registration | <input type="checkbox"/> Employment Agreement |
| <input type="checkbox"/> Indemnification Agreement | <input type="checkbox"/> Independent Contractor Agreement |
| <input type="checkbox"/> Special Purpose Limited Liability Company for Self-Directed IRA Account | <input type="checkbox"/> Special Purpose Limited Liability Company for Self-Directed 401(K) |

Remember to visit www.Amerilawyer.com for a complete list of services.

SPEED OF SERVICE

Please **CIRCLE** the Speed of Service in which you would like to receive your order:

- NO RUSH - Please provide me with your regular 4-6 week service.
IN A HURRY - Please provide me with your 3 Business Day Series LLC
NEXT DAY - Please provide me with a Next Day Series LLC
SAME DAY - Please provide me with a Same Day Series LLC

SHIPPING DETAILS

LLC Packages may be shipped to you through Regular (2-3 day) Service, through Overnight Delivery or may be picked up at anyone of our office locations.

PAYMENT OPTIONS

After we review your order, how will you be paying for this service? Please provide payment information. **Please note NO charges will be processed until you are contacted by Spiegel & Utrera, P.A.**

Credit Card: VISA MasterCard American Express Discover PayPal Western Union
Credit Card Number: _____
Expiration Date: _____ Card ID Number: _____
Name on Credit Card: _____
Billing Address on Credit Card: _____
Authorized Signature: _____

To place this order online please visit us at www.AmeriLawyer.com