

# Limited Liability Company

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## INCLUDES EVERYTHING YOU NEED TO BEGIN OPERATING SUCCESSFULLY

- Clearance of LLC name prior to filing
- Preparation and filing of Articles of Organization
- Articles of Organization state filing fee
- Application for Federal Tax ID Number
- Deluxe Company Minute Book; Operating Agreement, Minutes/Resolutions, preprinted Membership Certificates, Company Seal, DVD
- Minute Book Walk-Through
- Ongoing Support and Education

### LLC Information: Must indicate Limited Liability Company, LLC or L.L.C. after

**name.** Name of LLC: \_\_\_\_\_

Second Name Choice: \_\_\_\_\_

State of LLC Filing: \_\_\_\_\_ Series LLC? Yes No

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

<b>Company Mailing Address</b> Same as Above	<b>Shipping Address</b> for Minute Book Same as Above
Address: _____	* <b>Adult Signature Required</b>
City: _____ State: _____ ZIP: _____	Full Name: _____
	Address: _____
	City: _____ State: _____ ZIP: _____

Do you have a revocable living trust? Yes No Business or Residence

### Must be in state of Organization • No Post Office Box

<b>Registered Agent</b>	Sage International, Inc. - All 50 States
	If you wish to provide your own Registered Agent, please complete the following information:
	Registered Agent Name: _____
	Address: _____
	City: _____ State: _____ ZIP: _____ County: _____
Phone: ( ) _____ Fax: ( ) _____ E-mail: _____	

<b>Life of Entity</b>	Perpetual Duration or Dissolution Date _____

Management

This company shall be managed by:  
Managers or Members

Select Taxation

Please check here if you choose to have your LLC taxed as a C Corporation ( additional \$50 )

Please check here if you choose to take the S Election ( additional \$50 )

Please check here if your LLC is a Qualified Entity under Rev. Proc. 2002-69, to be treated as a disregarded entity for tax purposes.  
(Please consult with your Strategist if you are unsure)

Partnership: Please check here if you choose to have your LLC taxed as a Partnership.

Managers

The following person(s) shall serve as Manager(s) of the Limited Liability Company.

**Manager A**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**\* Treasurer**

Name: \_\_\_\_\_

**Manager B**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SS# \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**\* Secretary**

Name: \_\_\_\_\_

NOTE: At least one Member.

**\* Member 1**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

SS# \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ %

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Member 3**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

SS# \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ %

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Are any of the members related? Yes No

If Yes, please explain: \_\_\_\_\_

**Member 2**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

SS# \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ %

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Member 4**

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

SS# \_\_\_\_\_

Percent of Ownership: \_\_\_\_\_ %

E-mail: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Are any of the members related? Yes No

If Yes, please explain: \_\_\_\_\_

Members

**Nature of Business**

Select **one** box that best describes the principal activity of your business

- |              |                       |                              |                                 |                        |
|--------------|-----------------------|------------------------------|---------------------------------|------------------------|
| Construction | Rental & Leasing      | Transportation & Warehousing | Health Care & Social Assistance | Wholesale-agent/broker |
| Real Estate  | Manufacturing         | Finance & Insurance          | Accommodation & Food Service    | Wholesale-other        |
| Retail       | Other (specify) _____ |                              |                                 |                        |

**Activity**

Please describe in detail the type of business you will be transacting:

Did someone refer you to Sage International, Inc.? Please share their name: \_\_\_\_\_

All that we do is submitted and performed with the understanding that we are not engaged in rendering legal, accounting or other such professional advice or service. If legal advice or other expert assistance is required, the services of a person in those professions should be sought. **Also, all services listed above are not a consumer purchase regulated under state and/or federal consumer fraud statutes, nor a product/service that can be returned for a refund. Therefore all sales are final.**

*Sage International, Inc. respects your privacy and understands the trust you place in us to safeguard your personal information. You can be assured that any information you share with us is used only to conduct Sage International business. We do not sell or share your information with other companies to offer their products and services to you. To prevent unauthorized access to personal information and maintain data accuracy, we have put in place appropriate physical, electronic, and administrative procedures to safeguard and secure the information we maintain.*