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 199 14th Street, NE #1907  
 Atlanta, Georgia 30309

**GEORGIA LLC ORGANIZATION REQUEST**

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|   |            |   |   |        |         |         |
|---|------------|---|---|--------|---------|---------|
| NAME  |            | PHONE                                   | SPECIAL INSTRUCTIONS<br>LIMITED LIABILITY COMPANY<br><br>MANAGEMENT - CHECK ONE<br><input type="checkbox"/> SINGLE MEMBER<br><input type="checkbox"/> MEMBER MANAGED<br><input type="checkbox"/> ELECTED MANAGER<br><input type="checkbox"/> ALL POWERFUL MANAGER<br><input type="checkbox"/> CORPORATE STYLE W/SHARES<br><br>CHECK IF APPLICABLE<br><input type="checkbox"/> PROFESSIONAL LLC<br>LICENSE NO. _____ |        |         |         |
| COMPANY   |            | FAX                                     |   |        |         |         |
| ADDRESS   |            | HOW DID YOU FIND OUT ABOUT OUR SERVICE? |   |        |         |         |
| CITY, ST<br>ZIP   |            |   |   |        |         |         |
| NAME OF LLC   | 1ST CHOICE | 2ND CHOICE                              |   |        |         |         |
| REGISTERED AGENT AND ADDRESS                              |            |   | COUNTY  |        |         |         |
| MAIN OFFICE ADDRESS                                       |            |   | COUNTY  |        |         |         |
|   | NAME       | ADDRESS                                 | TAX MATTERS PARTNER   | MEMBER | MANAGER | % OWNED |
| 1ST PERSON  |            |   |   |        |         |         |
| 2ND PERSON  |            |   |   |        |         |         |
| 3RD PERSON  |            |   |   |        |         |         |
| 4TH PERSON  |            |   |   |        |         |         |
| 5TH PERSON  |            |   |   |        |         |         |
| NUMBER MEMBER CERTIFICATES 1 TO 20? Y N                   |            |   |   |        |         |         |
| INCLUDE YEAR OF ORGANIZATION ON SEAL? Y N SIGNATURE _____ |            |   |   |        |         |         |