

Randall A. Lenz J.D., CPA
 199 14th Street, NE Suite 1907
 Atlanta, Georgia 30309-3688

GEORGIA INCORPORATION REQUEST

TEL (404) 815-1731

FAX (404) 815-0717

CONTACT PERSON (FOR BILLING AND SHIPPING)		PHONE	PROFIT CORPORATION <input type="checkbox"/> CLOSE CORPORATION W/ BOARD OF DIRECTORS <input type="checkbox"/> CLOSE CORPORATION W/O BOARD OF DIRECTORS <input type="checkbox"/> PROFESSIONAL CORPORATION LICENSE NUMBER _____							
COMPANY (IF APPLICABLE)		FAX								
ADDRESS (FOR BILLING AND SHIPPING)		HOW DID YOU FIND OUT ABOUT OUR SERVICE?	LIMITED LIABILITY COMPANY <input type="checkbox"/> SINGLE MEMBER <input type="checkbox"/> MEMBER MANAGED <input type="checkbox"/> ELECTED MANAGER <input type="checkbox"/> ALL POWERFUL MANAGER <input type="checkbox"/> CORPORATE STYLE W/SHARES							
CITY, ST ZIP										
NAME OF CORPORATION	1ST CHOICE	2ND CHOICE	NON-PROFIT CORPORATION MANNER OF CHOOSING DIRECTORS <input type="checkbox"/> ELECTED DIRECTOR <input type="checkbox"/> SELF PERPETUATING BOARD TYPE OF NON-PROFIT <input type="checkbox"/> CHARITABLE, RELIGIOUS & EDUCATIONAL 501C3 <input type="checkbox"/> CIVIC LEAGUE 501C4 <input type="checkbox"/> BUSINESS LEAGUE 501C6 <input type="checkbox"/> HOMEOWNERS ASSOCIATION							
REGISTERED AGENT AND ADDRESS	COUNTY OF REGISTERED AGENT									
MAIN OFFICE ADDRESS	COUNTY OF MAIN OFFICE									
	NAME	ADDRESS	PR	VP	TR	SE	SH	DR	#	\$
1ST PERSON										
2ND PERSON										
3RD PERSON										
4TH PERSON										
NUMBER OF AUTHORIZED SHARES	<input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000 <input type="checkbox"/> _____		PAR VALUE <input type="checkbox"/> \$.01 <input type="checkbox"/> NO PAR VALUE <input type="checkbox"/> \$1.00 <input type="checkbox"/> LEAVE BLANK <input type="checkbox"/> \$ _____							
NUMBER STOCK CERTIFICATES 1 TO 20? Y N		NAME OF BANK _____								
INCLUDE YEAR OF INCORPORATION ON SEAL? Y N		SIGNATURE _____								