

LIMITED LIABILITY COMPANY INFORMATION FORM

The purpose of this Information Form is to gather the information we need to prepare the organizational documents for your Limited Liability Company. It is important that you provide complete and accurate information for each section in this form. If any information is incomplete or inaccurate, that will delay our ability to prepare your legal documents efficiently, and may increase the cost of our services. When identifying people, please use their full legal name, or at least first and last name with their middle initial. Also, please print all information legibly so that we incorporate all of the information into the legal documents accurately.

When you have completed this Information Form, please return it to our office. You can either mail it to us at 75 Harbert Drive, Dayton, Ohio 45440, or you can fax it to us at (937) 458-0579. Please be sure you sign and date the Certification at the end of this document before you return it to us. We will only begin our work if the Certification is signed and dated.

PART ONE GENERAL COMPANY INFORMATION

Proposed Company Name:

Please select three choices for the name of your company, and list them in the order of your preference. The company name must end in either "Ltd." or "LLC." Our office will call the Ohio Secretary of State to check on the name availability before we prepare any documents. We will use the first name that is available in the order of priority you have listed.

First Choice:

Second Choice:

Third Choice:

Do you currently have any of the above names registered with the Ohio Secretary of State as a Trade Name or as a Fictitious Name?

Yes Please indicate which name:

No

Trade Name:

Do you want to operate your business under a name different than the formal company name you selected above? (This is referred to as a "trade name" under which you are doing business, such as "XYZ, Ltd., doing business as Alphabet Soup.")

Yes Please indicate desired name:

No

New Or Existing Business:

Is the business in which this Company will engage a new business or the continuation of an existing business?

New Business

Existing Business

Type: Sole Proprietorship

Corporation

General Partnership

Limited Partnership

Taxpayer ID Number of Existing Business:

Company Business Address:

Please provide the following information concerning the Company's principal place of business in Ohio. Ohio law does not permit you to use a post office box for purposes of the Company's principal place of business in the legal documents that will be filed with the Ohio Secretary of State.

Street:

City:

State:

Zip:

County:

Telephone:

Fax:

Email:

Website:

Statutory Agent For Company:

Ohio law requires each Company to designate someone who is a resident of Ohio as a primary contact for purposes of receiving legal notices or tax information on behalf of the company. The person you designate can be one of the Members, or it can be our law firm, your accountant, or someone else you trust to inform you of important information affecting your Company.

Name:

Street:

City:

State:

Zip:

County:

Telephone:

Fax:

Company’s Business Purpose:

Please briefly describe the type of business the Company will engage in, including a description of what type of products it will produce or sell, or what type of services it will perform, and whether your primary customers are wholesale or retail:

PART TWO
MEMBER AND MANAGEMENT INFORMATION

Number Of Initial Members:

“Members” are those persons that will have an ownership interest in the Company. Members may either be individuals, other business entities (such as corporations, partnerships or other limited liability companies), or a combination of individuals and entities. How many Members will there be in this Company initially (you can always add or remove members at a later time)?

Single Member

Multiple Members How Many Total Initial Members?

Members Of Company:

Please provide the following information regarding each person or entity that will be an initial Member of the Company (attach extra sheets if necessary):

Name:

Street:

City:

State:

Zip:

Telephone:

Fax:

Taxpayer ID Number:

Percentage Ownership: %

Property Contributed:

Value:

Members of Company (continued):

Name:

Street:

City:

State:

Zip:

Telephone:

Fax:

Taxpayer ID Number:

Percentage Ownership: %

Property Contributed:

Value:

Name:

Street:

City:

State:

Zip:

Telephone:

Fax:

Taxpayer ID Number:

Percentage Ownership: %

Property Contributed:

Value:

Name:

Street:

City:

State:

Zip:

Telephone:

Fax:

Taxpayer ID Number:

Percentage Ownership: %

Property Contributed:

Value:

Name:

Street:

City:

State:

Zip:

Telephone:

Fax:

Taxpayer ID Number:

Percentage Ownership: %

Property Contributed:

Value:

Management Of Company:

If all Members of the Company have a vote in the management of the Company business, it is referred to as being “Member-Managed.” If only selected Members, but not all, have a vote in the management of the Company business, it is referred to as having “Centralized Management.” Please select the type of management you desire for this Company:

- Member-Managed
- Centralized Management. Identify which Members will have management authority:

PART THREE
TAX INFORMATION

Taxation Structure:

If this is a single member Company, it will be taxed in the same manner as a sole proprietorship. If there are two or more members, you can choose to be taxed as a partnership or a corporation. Please indicate the type of tax structure you desire for this Company:

- Single Member – Tax as a sole proprietorship
- Multiple Members – Tax as a: Partnership Corporation

Commencement Dates:

Date on which this Company will begin doing business:

Date on which Company will first pay any wages:

Employees:

Will the Company have any paid employees (including Members who are also employees):

- Yes Type of Employees: Agricultural Household Other

Highest Number of Employees Expected in the Next 12 Months:

- No

Tax Matters Member:

Identify the Member responsible for the Company’s tax filings:

PART FOUR
OTHER INFORMATION

Review Of Draft Documents:

Do you want to review draft copies of the legal documents before you sign them?

- Yes. Please: Mail them to me when the drafts are completed.
 Call me when the drafts are completed. I will pick them up at your office.
- No. I want you to review and explain the documents with me in person.

Maintenance Of Original Company Legal Documents:

When all of the legal documents are completed, signed and filed, whom do you want to keep the originals of the documents:

- I want to keep the originals in my possession, and have your law firm keep copies in my file.
 I want your law firm to keep the originals, and provide me with copies.

Deadline For Completing This Work:

When do you need this work to be completed?

- No specific deadline. Please complete as soon as possible.
 I need the documents prepared, signed and filed by no later than _____.

Expedited Filing:

When we file the necessary documents with the Ohio Secretary of State, do you want the filing to be expedited for immediate recording?

- Yes. (There will be an additional filing fee and express delivery charge of \$125.00.)
 No.

Accounting And Tax Planning Advice:

Do you have a certified public accountant with whom you are or will be working in connection with this Company?

Yes. Accountant's Name:

 Address:

 Telephone Number:

Have you consulted with your accountant for accounting and tax planning advice regarding this Company yet? Yes No

Do we have your permission to discuss this Company with your accountant, if necessary or beneficial? Yes No

No. Would you like a reference of an accountant you can use? Yes No

CLIENT CERTIFICATION

I certify that the responses in this Information Form accurately reflect my goals and objectives for forming this Limited Liability Company. I acknowledge that O’Diam & Stecker Law Group, Inc., is relying on these responses as the basis upon which you will counsel and advise me in organizing this Company. I also acknowledge that if any of my responses are incomplete or inaccurate, or if I omitted any responses, that could materially impair the ability of your law firm to properly represent my interests in designing an appropriate Company structure for me. I assume full responsibility for any errors or omissions that result from inaccurate or incomplete information I have provided.

DATE:

CLIENT:
