



# Hand & Associates

ATTORNEYS AT LAW

## CLIENT INFORMATION FORM

### Non-Profit Corporation

Today's Date \_\_\_\_\_

Preferred Name of Corporation (List your preferences in order please):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

County in which LLC will do business/County in which LLC will be filed:

\_\_\_\_\_

Business Physical Address \_\_\_\_\_

\_\_\_\_\_

Business Mailing/Registered Address \_\_\_\_\_

\_\_\_\_\_

Business Phone#: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Purpose of Business: \_\_\_\_\_

\_\_\_\_\_

Who will be the Registered Agent \_\_\_\_\_

\_\_\_\_\_

Registered Agent Mailing Address \_\_\_\_\_

\_\_\_\_\_

Registered Agent Physical Address \_\_\_\_\_

\_\_\_\_\_





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Members/Board of Directions (please note initial

member/managing/President/VP/Treasurer/Secretary, Etc.):

1. \_\_\_\_\_

a. Position \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

2. \_\_\_\_\_

a. Position \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

3. \_\_\_\_\_

a. Position \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

4. \_\_\_\_\_

a. Position \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

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Incorporators: Names and Addresses of original Incorporators.

1. \_\_\_\_\_

a. Position \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

2. \_\_\_\_\_

c. Position \_\_\_\_\_

d. Mailing Address \_\_\_\_\_





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3. \_\_\_\_\_

e. Position \_\_\_\_\_

f. Mailing Address \_\_\_\_\_

4. \_\_\_\_\_

g. Position \_\_\_\_\_

h. Mailing Address \_\_\_\_\_

(If more than 4, an additional attachment may be provided)

***\*Please note that the fees associated with filing a Corporation/Non-Profit include the following: \$28.00 name reservation fee, \$200.00 Secretary of State fee, \$100 filing fee Probate Court (varies by County) for a total of \$328.00. These fees MUST be paid up front and are not included in your attorney's fees. If paying by debit or credit card, a fee of 2.75% will be added to your case to cover the fee associated with the use of said cards by the card manufacturer.***

I, \_\_\_\_\_, hereby certify that all information provided within is true and accurate. I have verified this information is correct and I understand that once the name reservation is made, no changes will be made to said Non-Profit/Corporation application without incurring additional fees.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

(For office use only)

☐ Flat Fee Rate: \_\_\_\_\_

Convenience Fee Added: \_\_\_\_\_

☐ Court Costs: \_\_\_\_\_

Method of payment \_\_\_\_\_

Date of payment \_\_\_\_\_

