



THE LAW OFFICE OF
CHARLES H. McCLENAGHAN

ATTORNEYS AND COUNSELORS AT LAW

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Phillip S. Haer, Esq.

LLC Formation Checklist

Name of LLC: (First choice)

First Alternate name: _____

Second Alternate name: _____

Purpose of Company:

Statutory Agent: _____

Address: _____

Number of Members: _____

How Managed: Member-Managed _____ Manager Managed _____

Name of Manager(s): _____

Date filed with Secretary of State: _____

Date of Initial Meeting: _____ Location: _____

Company Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

Website: _____

Member One: _____ Ownership %: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ SS# _____

Member Two: _____ Ownership %: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ SS# _____

Member Three: _____ Ownership %: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ SS# _____

Will Company have Officers? Yes _____ No _____

President: _____ SSN: _____

Secretary: _____ SSN _____

Treasurer: _____ SSN _____

Bank: _____ Capital Contribution: _____

Authorized signers: _____

Agreed Value of Real Estate: (if applicable) _____

Number of Membership Units: _____

How taxed: Disregarded Entity Partnership S-Corp Corp

Insurance Agent: _____

Phone: _____ Email: _____

Name of Accountant: _____

Phone: _____ Email: _____

Payroll Company: _____

Do you plan to accept Credit Cards? Yes _____ No _____

Signature Date: _____ Date Started: _____