



ATTORNEYS & COUNSELORS

CORPORATION FORMATION CHECKLIST

CLIENT INFORMATION

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Fax: _____

SS#: _____

CORPORATION INFORMATION

Name you would like for your Company: _____

*Please note that we will verify name availability with the State of Michigan. If internet domain name availability is important to your business, we would suggest that you independently verify such availability.

Alternate (in case that name is not available): _____

Type of business to be conducted by your Company: _____

Date business will begin: _____ Closing month of accounting year: _____

Will the Company have employees? _____

If employees will be paid wages or salaries, when will payment begin? _____

Who will be the Registered Agent? _____

Address to be used for the Registered Office: _____

Actual business address
(if different than Registered Office): _____

Which member will be:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Correspondence, invoices, and general information regarding your Company should be sent to the following:

Member: _____ Address: _____

STOCKHOLDER INFORMATION

Please provide the following information for each stockholder of the corporation:

(1) Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Fax: _____

SS#: _____ Driver License #: _____

Initial \$ Contribution: _____ Percentage Owned: _____

(2) Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Fax: _____

SS#: _____ Driver License #: _____

Initial \$ Contribution: _____ Percentage Owned: _____

(3) Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Fax: _____

SS#: _____ Driver License #: _____

Initial \$ Contribution: _____ Percentage Owned: _____