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LIMITED LIABILITY COMPANY CHECKLIST

Client Name: _____

Address: _____

Requested Information:

1. Preferred company name: _____
(Must contain the words "Limited Liability Company," "Limited Company," or the abbreviations "L.L.C.," "LLC," "L.C.," "LC," or "Ltd. Co.".)
2. Alternate company name: _____
3. Alternate company name: _____
4. Assumed name(s) (if desired): _____
5. Period of duration or existence: Perpetual ____ Years ____
6. Registered Office Address: _____
7. Registered Agent: _____
(The Firm usually acts as the registered agent for entities)
8. Principal place of business: _____

9. Name and address of organizer: _____
(Usually the attorney)
10. Management of company reserved to: Members ____ Managers ____
11. Number of initial Members: _____
12. List for each Member: *(Continue on back if necessary)*

<u>NAME</u>	<u>ADDRESS</u>	<u>OWNERSHIP PERCENTAGE</u>	<u>INITIAL CAPITAL CONTRIBUTION</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

13. List for each Manager: (if desired)

<u>NAME</u>	<u>ADDRESS</u>

14. Officers (if desired):

NAME

President _____

Vice President _____

Secretary _____

Treasurer _____

15. Percentage majority for normal management control: _____%

16. Majority Member(s) or Manager(s) have power to:

Percent to Approve

a. Incur debt Yes ____ No ____ ____%

b. Purchase property Yes ____ No ____ ____%

c. Sell property Yes ____ No ____ ____%

d. Distribute net cash flow Yes ____ No ____ ____%

- e. Approve periodic budget(s) Yes ___ No ___ ___%
- f. Admit additional Members Yes ___ No ___ ___%
- g. Appoint new/replacement Members Yes ___ No ___ ___%
- h. Refinance company debts Yes ___ No ___ ___%
- i. Other _____ Yes ___ No ___ ___%
17. Additional contributions required by Members: Yes ___ No ___
Limits: _____
18. Priority Return (interest on capital contributions), if desired: _____%
19. Remedies for failure to contribute or other defaults:
Option to loan at penalty rate: _____
Forfeiture of voting rights: _____
Option to purchase at penalty discount: _____
20. Special allocations of gains and losses: _____
21. Preferential distributions of net cash flow and sale proceeds: _____
22. Prohibitions to transfer of ownership interests: Absolute Prohibition ___ Limited Rights ___
Limitations: _____
23. Right of first refusal: Yes ___ No ___
24. Spousal provisions (death/divorce): Yes ___ No ___
25. Forced or "push-pull" buy-sell: Yes ___ No ___
26. Death and disability of Members: Yes ___ No ___
27. Name of lender or depository institution: _____
28. Authorized drawers on bank account: _____
(specify whether acting jointly or alone)
29. Description of principal business activity: _____
30. IRS Form SS-4 information:
a. Number of employees within next 12 months: _____ or N/A
b. Date first wages paid: _____ or N/A
c. Products or services sold: Retail Wholesale Other _____
31. Fiscal year end *if other than December 31*: _____

32. Licenses and/or permits involved (real estate, liquor, etc.): _____
33. Social Security Number for at least one member (For the EIN): _____
34. Responsible Party _____
35. Physical Address of LLC _____