



1. Company Name

Please indicate your company name choices, in order of preference. Your company name must include a corporate indicator. If no indicator is included, we will use "Inc." for corporations or "LLC" for Limited Liability Companies.

First Choice: _____

Second Choice: _____

Third Choice: _____

Please indicate your new company's principal place of business. This can be anywhere in the world.

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

2. State of Formation

Option A: Form in the state where you are doing business.

Option B: Form in Delaware, file and authorize to do business in the state you do business.

Your state: _____

Authorize to do business in: _____

3. Company Type and Details

Select the type of Company you are going to form:

Limited Liability Company (LLC)

Corporation

Select a category that best describes your company:

Accommodations

Construction

Finance

Food Services

Health Care

Insurance

IT

Manufacturing

Rental & Leasing

Retail

Social Assistance

Warehousing

Wholesale

Other (Describe): _____

What will your company be doing? (Please briefly describe your business purpose):

Closing month of the accounting year (Default: December): _____

Estimated number of employees in the USA by the end of the first year: _____

Which month do you think you will start hiring paying employees (if any): _____

Name of Principal Officer/Manager that will sign the application for a Tax ID #: _____



4a. Questions for Corporations Only

Please refer to Step 4 in the guide for further instructions. Use an additional separate sheet if necessary.

How many shares will the corporation issue?

- Standard shares for my state
 Number of shares*: _____

**If greater than standard, there will be additional fees.*

State	Standard Shares
Delaware	1,500 shares at no par value
New Jersey	2,500 shares at no par value
New York	200 shares at no par value
Remaining States	1,000 shares at no par value

Shareholders

First/Given Name: _____ Family Name: _____
 Company: _____
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____ Country: _____
 Passport Number: _____ Citizenship: _____
 Amount to be Paid in for Share in USD: _____ # of Shares to be Issued: _____

First/Given Name: _____ Family Name: _____
 Company: _____
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____ Country: _____
 Passport Number: _____ Citizenship: _____
 Amount to be Paid in for Share in USD: _____ # of Shares to be Issued: _____

Board of Directors

First/Given Name: _____ Family Name: _____
 Title: Chairman of the Board
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____ Country: _____
 Passport Number: _____ Citizenship: _____

First/Given Name: _____ Family Name: _____
 Address: _____
 City: _____ Province/State: _____
 Postal/Zip Code: _____ Country: _____
 Passport Number: _____ Citizenship: _____

Officers

First/Given Name: _____ Family Name: _____
 Title: _____
 Address: _____
 City: _____ Province/State: _____
 Passport Number: _____ Citizenship: _____

First/Given Name: _____ Family Name: _____
 Title: _____
 Address: _____
 City: _____ Province/State: _____
 Passport Number: _____ Citizenship: _____



4b. Questions for LLCs Only

Please refer to Step 4 in the guide for further instructions.
Use an additional separate sheet if necessary.

Who will manage the LLC?

- One or more Members of the LLC
 One or more Managers selected by the Members

Member Information

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____
% of Ownership: _____ Capital Contribution in USD: _____

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____
% of Ownership: _____ Capital Contribution in USD: _____

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____
% of Ownership: _____ Capital Contribution in USD: _____

Manager Information

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____

First/Given Name: _____ Family Name: _____
Company: _____
Address: _____
City: _____ Province/State: _____
Postal/Zip Code: _____ Country: _____
Passport Number: _____ Citizenship: _____



5. Company Secretary Information

Agent* will provide a company secretary for \$350.

Further information regarding the company secretary is in Step 5.

I will provide the following company secretary (Can be outside the US):

First/Given Name: _____
Family Name: _____
Address: _____
City: _____
State/Province: _____
Zip Code: _____
Country: _____
Phone: _____
E-mail: _____

6. Additional Services

Please contact us regarding pricing.

Select additional services that you require below:

- Mail Forwarding
- Virtual Office (3 in 1: Mail, Phone, and Fax Forwarding)
- Federal Tax ID
- Bookkeeping
- Payroll

Documents

- Goodstanding Certificate issued by state Apostille? Yes No
 - Certified Copy of the Filed Document Apostille? Yes No
 - Notarized and Apostilled Formation Documents
 - Goodstanding Certificate issued by Agent* Legalized by Apostille? Yes No
 - Certificate of Incumbency issued by Agent* Legalized by Apostille? Yes No
 - Consular Authentication (non-Hague-Convention countries) Yes No
- Would you like your corporate documents to be notarized by apostille in one set? Yes No
If not, how would you like it to be separated? (Please note additional apostilled sets will be additional costs)

7a. Authorization and Documentation

By signing, I confirm the details provided in this form are accurate and complete.

Name: _____ Date: _____

Signature: _____

The following documentation must be included with your form:

- PROOF OF ADDRESS.** Provide a recent utility bill, current year local tax authority bill, current photo card driving license (provided it contains the Owner's address), bank, building society or credit union statement, passbook containing current address, or most recent original mortgage statement from a recognized lender.
- COPY OF PASSPORT.** Provide a copy of the Owner's passport, with the photo and passport holder's information.

PLEASE SCAN AND E-MAIL TO: timur@sharifiy.com



7b. Shipping/Billing Details

Shipping Details *Where would you like us to ship the original documents to?*

First/Given Name: _____ Family Name: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Email: _____ Phone: _____

Billing Details (if different from above) *Whom do we contact for billing purposes in the future?*

First/Given Name: _____ Family Name: _____

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Email: _____ Phone: _____

Method of Payment

Total Cost: _____ Payment for services provided can be made using the following methods:

AGENT* - Our Company.