



FIFFIK

LAW GROUP

Foster Plaza 7 ♦ Suite 315 ♦ 661 Andersen Drive ♦ Pittsburgh, Pennsylvania 15220

Telephone: 412.391.1014 ♦ Fax: 412.471.9510

www.fiffiklaw.com

LIMITED LIABILITY COMPANY QUESTIONNAIRE

1. Name of LLC

2. Desired designation for the name: LLC Ltd Company

If LLC will operate under a name different than the official LLC name, i.e. fictitious name, please provide that name

3. Email Address

4. Registered Address (Cannot be a PO Box) County _____

5. Place of Business (if different from registered address)

6. LLC's Telephone Number LLC's Fax Number



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7. Principal Business Activity

8. Specified Effective Date (if other than filing date)

9. Initial Members:

Name	Address	Phone	DOB	Social Security

10. Will the LLC be managed by the: Members or Board of Managers?

11. Members and Percent Ownership of each

<i>Member</i>	<i>% Interest</i>



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12. Will there be different classes of Members (e.g. voting and non-voting)?

Yes No

If yes, describe the qualifications, limitations, rights, etc. of each class

13. Do you want certificates of membership (like stock certificates)?

Yes No

14. Do you wish to place any restrictions on a member's ability to transfer membership Interests to other persons?

Yes No

15. Will the original members make an initial contribution to the LLC?

Yes No

If so, please describe the capital (i.e. initial) investment of each member

<i>Member</i>	<i>Contribution</i>
	\$
	\$
	\$
	\$



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16. Will the LLC have officers?

Yes

No

If so, provide the names of Officers and their titles (e.g., President, Treasurer, Secretary, etc.)

<i>Name</i>	<i>Position</i>

17. Accountant's Name, Address and Telephone Number

18. Peak number of employees that you expect to have in the next 12 months

19. First date you expect wages will be paid

20. Will products/services be sold to businesses (i.e. wholesale)?

Yes

No

21. Will products/services be sold as Retail (i.e. to public)?

Yes

No

22. If nature of business is manufacturing, state principal product and raw material used



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23. Will employees of the LLC have employment contracts?

Yes No

24. Would you like us to draft employment contracts for LLC employees?

Yes No

25. Is a member a veteran or reservist who will be active in the business operations?

Yes No

If yes, please provide the member's name.

26. Primary contact person for LLC

27. Would you like to receive e-mail newsletters by our firm on small business issues?

Yes No

28. Please provide any additional information.

Conformation of information and instructions. I confirm the information provided by me in this form is complete and accurate and the instructions I have provided reflect my wishes

Signature

Printed Name

Date

Phone number(s)