



Kevork Adanas, P.C. New Jersey Limited Liability Company Easy-Fax Order Form
Print this form and Fax to (201) 592-9198 or Email it to info@adanaslaw.com

Date: _____ How did you first hear about us? _____

Your name: _____ Email address: _____

Your phone number: _____ Your fax number: _____

Your Address: _____

COMPANY NAME: (Name must end with Limited Liability Company or LLC)

1st choice: _____

2nd choice: _____

3rd choice: _____

CORPORATE ADDRESS: _____

MAILING ADDRESS: _____

REGISTERED AGENT AND OFFICE: _____

NATURE OF BUSINESS: _____

Members: (Only one is required. Foreign Nationals must attach a legible copy of their passports)

	Name	Address	Capital Contribution
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

OFFICERS:

	Name	Social Security Number	Address
1. President	_____	_____	_____
2. Vice-President	_____	_____	_____
3. Secretary	_____	_____	_____
4. Treasurer	_____	_____	_____

Summary of Services:

Selection of Services:

New Jersey LLC \$500.00 _____
Standard Package:

(Includes Certificate of Formation, Company Kit, Minutes, Rules and Regulations, Membership Certificates, EIN, Seal and 4 Day Expedited Service)

New Jersey LLC \$750.00 _____
Gold Package:

(Includes Certificate of Formation, Company Kit, Minutes, Rules and Regulations, Membership Certificates, EIN, NJ Business Registration, Seal, Operating Agreement and 4 Day Expedited Service)

Registered Agent Service: \$150.00 _____

Mail Forwarding Service: \$175.00 _____
(6 months @ \$25 per month plus \$25 postage deposit)

Use of Office Address: \$50.00 _____

SUB TOTAL _____

Fedex Shipping:

Regular Ground Track \$15.00 _____

Overnight \$35.00 _____

2 Day Service: \$175.00 _____

TOTAL CHARGES: US\$ _____

Add \$10 to above fees for shipping outside of New Jersey

Charge My Credit Card Below or Click the Button Below To Pay:

___ Visa ___ Master Card ___ American Express ___ Discover ___ Paypal(orders@adanaslaw.com)

Card # _____ Exp. Date: _____ Card Code _____)

Name on Credit Card: _____ Signature: _____

Billing Address: _____

City, State, Zip Code _____

****Please note that filing fees are additional and are additional to the legal fee set forth above. These costs are passed onto our clients as disbursements without markups or premiums.****