

Please Fill out Sign and Fax to 407-521-1904 Please call for Pricing K&K Business Solutions PO Box 680745 Orlando, FL 32868



FLORIDA INCORPORATION ORDER FORM

Person or firm being	g invoiced:	
Name:		
Address:		
City:		
State:	County:	
Zip Code:		
Phone (day):		
Fax:		
Phone (alternate):		
Your E-Mail	,	
Company Name: Plea	ase put in order of preference Note: the state will not accept adding (of Floridaetc) to distinguish entiy from an existing Corp.	
First choice name		
Second choice name		
Third choice name		
Type of Corp: (ch	eckone) Corporation S-Corporation Partnership LLC	
Type of Business		
Please List Stock Str	ucture	
Total # Shares:	□ No Par Value □ Par Value	
Have you ever applied for an employer identification number for this or any other Business? Yes No		
If yes give appro	Descrimate date / EIN	

Principle Place of Business: (No P.O Boxes)		
Street Address:		
City:		
State:		
Zip Code:		
Mailing Address: (If different than above)		
Street Address:		
City:		
State:		
Zip Code:		
Registerd Agent Information: (Must be a Florida address) (No PO Boxes)		
Name: (must be an individual)		
Street Address:		
City:		
State:	Florida	
Zip Code:		
The Initial Officer(s) shall be: (Minimum of one officer required. One person may hold all offices.)		
Officer 1		
Name:		
Address:		
City:		
State:		
Zip Code:		
SSN:		
Position:	P/VP/S/T No. Shares Held	

Officer 2	
Name:	
Address:	
City:	
State:	
Zip Code:	
SSN:	
Position:	P/VP/S/T No. Shares Held
Officer 3	
Name:	
Address:	
City:	
State:	
Zip Code:	
SSN:	
Position:	P/VP/S/T No. Shares Held
Officer 4	
Name:	
Address:	
City:	
State:	
Zip Code:	
SSN:	
Position:	P/VP/S/T No. Shares Held

By Signing I certify that neither K&K Business Solutions nor any of its employees or agents have provided me with any personal counsel, legal or financial advice. I hereby authorize the formation of the corporation

Signature

Note: If you do not agree, K&K Business Solutions cannot file for you.