



ORDER FORM

Services: (Please check services desired)

- Incorporation Services (Corporation) *RA included* \$495
- Limited Liability Company Formation *RA included* \$495
- Basic Incorporation Service (Corp or LLC) *1st yr RA included, Articles & filing fee, Bylaws/OA* \$325
- Registered Agent Fee (Annual) \$100
- Domestication Service *additional state fees may be applied* \$495
- Expedite Service- *new WY Corp/LLCs only* \$50
- Business Address Service/Mail Forwarding (Shipping costs additional, International add \$100) \$100
- Quarterly Executive Suite Program (\$500 per qtr., 1st & last required) \$1000
- Minimal Office Program (includes us of a shared corporate phone, fax and Business Address Service) \$900
- Annual Executive Suite Program (**exclusive phone, fax, Bus. AddressService /mail fwd, voice mail**) \$1800
- STARTER PACKAGE** (WY Corp, Business Add/Mail Fwd, Free Record Keeping CD) **\$99 SAVINGS** \$595
- PLATINUM PACKAGE** (WY Corp, Annual Exec. Suite, Free Bank assistance, Free Voice Mail, Free Record Keeping CD) **\$448 SAVINGS** \$2295
- Other (specify) _____

TOTAL: S _____

Corporate Information:

Entity Name- Choose a name for your NEW Corporation/LLC or enter the name of your current entity.

1st choice : _____

2nd choice: _____

Names AND addresses of the Officers/ Managers or Members (Required per statute. Attach separate page if necessary):

President (or Manager): _____

Secretary (or Manager): _____

Treasurer (or Member): _____

Director (or Member) : _____

Other (Specify Title) : _____

First Meeting Location: _____ Fiscal Year End (Corps): _____

Principle Activity: _____ # of Shares Issued (for Domestication) _____

New Corps are formed with 75,000 shares of no par stock. Use SPECIAL INSTRUCTIONS below for other amount. Additional fees may apply for multiple classes.

Contact Information : (The person designated to receive communication from AAA Corporate Services for this entity)

Name: _____

Mailing Address: _____

Shipping Address: _____

Phone(s) : _____ Fax: _____

E-Mail(s): _____

Method of Payment: (Payment in advance is required.)

Credit card

Check

Name on Credit Card: _____ Cardholder's Phone: _____

Credit Card Number: _____ Expiration: _____ V-Code: _____

Cardholder billing address: _____

Cardholder Signature _____ **Date** _____

Special Instructions:

I, _____ having full authority to sign for and in behalf of the above named entity, consent to the representation of AAA Corporate Services, Inc. as Registered Agent, to accept process of service on behalf of the same named entity.

Signature _____ **Date** _____