Headquarters Office: 123 W. Nye Lane, Ste. 129, Carson City, NV 89706 Registered Office: 1908 Thomes Ave. Cheyenne, WY 82001 (307) 635-8700 Fax (307) 635-1300 Toll Free (800) 891-5987 https://www.aaacorpservices.com

Name:

## RDER FORM

**Services:** (Please check services desired) \$495 ☐ Incorporation Services (Corporation) RA included \$495 ☐ Limited Liability Company Formation *RA included* \$325 ☐ Basic Incorporation Service (Corp or LLC) 1st yr RA included, Articles & filing fee, Bylaws/OA ☐ Registered Agent Fee (Annual) \$125 ☐ Domestication Service additional state fees may be applied \$495 \$50 Expedite Service- new WY Corp/LLCs only \$100 Business Address Service/Mail Forwarding (Shipping costs additional) \$1000 Quarterly Executive Suite Program (\$500 per qtr., 1st & last required) \$900 Minimal Office Program (includes us of a shared corporate phone, fax and Business Address Service) Annual Executive Suite Program (exclusive phone, fax, Bus. Address Service/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 Voice Mail, etc.) \$448 SAVINGS \$2295 Other (specify) TOTAL: \$ 0 **Corporate Information:** Entity Name- Choose a name for your NEW Corporation/LLC or enter the name of your current entity. 1st choice: 2nd choice: \_\_\_\_\_ Name and address of Officers or LLC Managers. If using a PO Box or a Commercial Mail Receiving Agency, a physical address is required. This is a statutory requirement. Attach separate page if needed. \* President or Manager, who is also deemed as the **Designated Communications Contact** for the company: 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) Mailing Address: Shipping Address: Phone(s): E-Mail(s): **Credit Card Payment:** Name on Credit Card: \_\_\_\_\_ Cardholder's Phone: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ V-Code: \_\_\_\_\_ Cardholder billing address: Cardholder Signature Special Instructions: 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