



THE
YOUNG
LAW FIRM OF FLORIDA, LLC

CORPORATE INTAKE

PERSONAL AND BUSINESS INFORMATION

DATE: _____

1. Your Full Name: _____ DOB: _____

Name you will sign with: _____

Occupation: _____

Social Security No.: _____ Driver's License #: _____ State: _____

Home Address: _____

Home Phone: _____ Cell: _____

Fax: _____ Personal Email: _____

2. Business Partner's Full Name: _____ DOB: _____

Name you will sign with: _____

Occupation: _____ Firm: _____

Social Security No.: _____ Driver's License #: _____ State: _____

Home Address: _____

Home Phone: _____ Cell: _____

Fax: _____ Personal Email: _____

CORPORATE INTAKE APPLICATION

Young Law Firm

3. Do you have any type of business agreement (buy, sell, cross purchase, employment contract, etc.)
No Yes Date: _____

4. Does your business partner have any type of business agreement?
No Yes Date: _____

5. Does either business partner own an interest in another business? If yes, please explain.

6. Are you a citizen of the United States? Yes No
If not, what is your country of citizenship? _____

If not, are you a U.S. resident alien? Yes

7. Is your business partner a United States citizen? Yes No
If not, what is your business partner's country of citizenship? _____

If not, is your business partner a resident alien? Yes No

8. Has either declared bankruptcy? Yes No
If yes, please explain: _____

CORPORATION INFORMATION

1. What name will you incorporate under? Choose 3 possible names:

2. Corporation physical address (principle place of business) and phone number:

3. Corporation mailing address, if different: _____

4. Corporate email address(s): _____

5. Start Date of Corporation: _____

6. First date wages will be paid or have been paid: _____

7. What is the product/service this Corporation will provide (Corporate purpose):

8. Have you or an officer of this Corporation signed any contracts obligating the corporation? Yes No

If so, with whom, for what service, and start/end date of contract(s):

9. Name and street address of designated **Registered Agent** (Registered Office must be open 10AM-2PM weekdays) for the Corporation to receive/accept service of process:

10. Name and street address of Incorporator(s) (**Person(s) setting up this Corporation):

11. Name(s) and address of Corporate Officers and Titles **Florida allows Pres., Treas., & Secretary to be the same person:

12. Name(s) of Corporate Officer with authority to sign contracts obligating the Corporation

**Please note if requires more than one person to contract:

13. Name(s) of Corporate Officer with Authority to sign checks for the Corporation

**Please note if requires more than one person to sign:

14. Name of bank: _____

15. Name(s) and address of Board of Directors

**Florida requires minimum of one:

16. Initial Shareholder/Stockholder name(s), address, and social security number **If electing S-corp... limit of 70 with Husband- Wife jointly held stock considered as one and all shareholders must be US citizens or qualified trusts:

17. Percentage of contribution of each shareholder, member or partner:

18. The total number of shares this corporation is authorized to have outstanding at any one time?

**Typically 100 shares:

19. Type of shares? **If electing S-Corp status, stock must be limited to one class:

20. Do you require any special agreements, leases, or contracts for this office to draft of review?

If so, please explain:

PLEASE BRING TO OUR INITIAL MEETING

1. This Completed Questionnaire
2. Your Driver's License or Florida ID
3. Copies of Contracts and Leases for review