



THE ADANAS LAW FIRM

**New Jersey LLC Order Form**

**Print this form and Fax to (877) 980-7200 or (201) 592-9198**

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:\_\_\_\_\_

ADDRESS OF COMPANY: (Please include county)  
\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_

REGISTERED AGENT AND OFFICE: \_\_\_\_\_

NATURE OF BUSINESS:\_\_\_\_\_

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

|    | <b>Name</b> | <b>Address</b> | <b>Capital Contribution</b> |
|----|-------------|----------------|-----------------------------|
| 1. | _____       | _____          | _____                       |
| 2. | _____       | _____          | _____                       |
| 3. | _____       | _____          | _____                       |

OFFICERS:

|                   | <b>Name</b> | <b>Social Security Number</b> | <b>Address</b> |
|-------------------|-------------|-------------------------------|----------------|
| 1. President      | _____       | _____                         | _____          |
| 2. Vice-President | _____       | _____                         | _____          |
| 3. Secretary      | _____       | _____                         | _____          |
| 4. Treasurer      | _____       | _____                         | _____          |