

**BIVINS & HEMENWAY, P.A.**

**PRELIMINARY QUESTIONNAIRE FOR FORMATION  
OF FLORIDA CORPORATION**

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1. Proposed Name: \_\_\_\_\_  
First Alternate: \_\_\_\_\_  
Second Alternate: \_\_\_\_\_
2. General nature of business to be transacted: \_\_\_\_\_  
\_\_\_\_\_
3. Maximum number of shares to be authorized:  
Par \_\_\_\_\_ Value \_\_\_\_\_  
No Par \_\_\_\_\_ Value \_\_\_\_\_
4. Amount and description of capital to begin business: \_\_\_\_\_  
\_\_\_\_\_
5. Effective date of corporate existence:  
 At the time of filing the articles of incorporation  
 Other (specify): \_\_\_\_\_
6. Duration of corporate existence:  
 Perpetual  
 Until: \_\_\_\_\_ (date)
7. Street address of the initial registered office in Florida:  
\_\_\_\_\_  
Street City Zip Code
8. Name of the initial registered agent at above address:  
\_\_\_\_\_

9. Street address of the principal office in Florida:

\_\_\_\_\_  
Street City Zip Code

10. Mailing address of the principal office in Florida:

\_\_\_\_\_  
Street City Zip Code

11. Business telephone and facsimile numbers:

\_\_\_\_\_  
Telephone Number Facsimile Number

12. Name and street addresses of the initial board of directors (if the corporation will be managed by the shareholders and will dispense with a board of directors, please indicate the name and address of each initial shareholder):

\_\_\_\_\_  
Name Street City State Zip Telephone

\_\_\_\_\_  
Name Street City State Zip Telephone

\_\_\_\_\_  
Name Street City State Zip Telephone

\_\_\_\_\_  
Name Street City State Zip Telephone

\_\_\_\_\_  
Name Street City State Zip Telephone

**(List any additional directors on the reverse side.)**

13. Please state the minimum and maximum number of directors that the corporation may have.  
**Minimum:** \_\_\_\_\_ **Maximum:** \_\_\_\_\_

Who will be authorized to fill vacancies on the board?

**Shareholders** \_\_\_\_\_ **Directors** \_\_\_\_\_ **Both** \_\_\_\_\_

14. Names and street Addresses of initial officers:

President \_\_\_\_\_

	Name	Street	City State Zip	Telephone
Vice Pres.	_____			
	Name	Street	City State Zip	Telephone
Secretary	_____			
	Name	Street	City State Zip	Telephone
Treasurer	_____			
	Name	Street	City State Zip	Telephone
Other	_____			
	Name	Street	City State Zip	Telephone

**(List any additional officers on the reverse side.)**

**Note: Any person may hold two or more offices.**

15. Name of initial shareholders, their social security numbers, number of shares to be acquired, and consideration to be paid by each:

<u>Name</u>	<u>Soc. Sec. No.</u>	<u>No. of Shares</u>	<u>Consideration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. Name and street address of the incorporator:

_____	_____	_____	_____	_____
Name	Street	City	State	Zip Code

17. Fiscal year will end: \_\_\_\_\_ (date)

18. Date of annual meeting: \_\_\_\_\_ (month or particular day)

19. Name and location of the bank where the corporation will deposit corporate funds:

\_\_\_\_\_

20. Who will be authorized to amend the corporate bylaws?

**Shareholders** \_\_\_\_\_ **Directors** \_\_\_\_\_ **Both** \_\_\_\_\_

21. Please indicate whether the corporation will adopt any of the following:

- (a) Cumulative voting for directors                      Yes \_\_\_\_      No \_\_\_\_
- (b) Preemptive rights    Yes \_\_\_\_      No \_\_\_\_
- (c) Shareholder management                              Yes \_\_\_\_      No \_\_\_\_
- (d) Subchapter S election                                      Yes \_\_\_\_      No \_\_\_\_
- (e) Salary-payback resolution                              Yes \_\_\_\_      No \_\_\_\_
- (f) Section 1244 resolution                                      Yes \_\_\_\_      No \_\_\_\_
- (g) Share transfer restrictions  
(please describe any restrictive provisions under item 23)                              Yes \_\_\_\_      No \_\_\_\_

22. Please indicate the number of shareholders and directors necessary to constitute a quorum and to vote at meetings:

<u>Directors</u>	Quorum:	_____	Simple majority
		_____	Other (specify) _____.
	Voting:	_____	Simple majority
		_____	Other (specify) _____.
<u>Shareholders</u>	Quorum:	_____	Simple majority
		_____	Other (specify) _____.
	Voting:	_____	Simple majority
		_____	Other (specify) _____.

23. Please indicate whether you want our firm to prepare the form necessary to obtain a Federal Employer Identification number for the corporation or process a Subchapter S election for the corporation.

(a) Obtain Federal Employer Identification number

Yes \_\_\_\_                      No \_\_\_\_

(b) Process Subchapter S election

Yes \_\_\_\_                      No \_\_\_\_

24. If you want our firm to obtain a Federal Employer Identification number for the corporation, please complete the following:

(a) What is the first date wages were paid or will be paid by the corporation (indicate by month, day, and year)?

\_\_\_\_\_

(b) What is the highest number of employees that you expect the corporation to have in the next 12 months? \_\_\_\_\_

(c) What is the corporation's principal activity?

\_\_\_\_\_

(d) To whom are most of the corporation's products or services sold (i.e. business (wholesale), retail (public), or other)? \_\_\_\_\_

(e) Please indicate below whether you want to obtain the Federal Employee Identification number electronically or mail? **(Please Note that it could take 2 to 4 weeks to obtain the Federal Employee Identification number by mail. Alternatively, after Articles of Incorporation have been filed, an officer of the corporation or this firm can obtain the Federal Employee Identification number immediately by electronic filing using the form prepared by this firm).**

Mail \_\_\_\_\_ Telephone \_\_\_\_\_

(f) Name and social security number of the principal officer of the corporation who will be obtaining the Federal Employee Identification number for the corporation

\_\_\_\_\_

25. Other pertinent information: (Use reverse side if necessary)

*Return by mail to Bivins & Hemenway, P.A., 1060 Bloomingdale Avenue, Valrico, Florida 33596; by facsimile to 813-643-4904; or e-mail to info@bhpalaw.com.*