*Hill Accounting and Tax Service*

314 Laurie Street, Melbourne, FL 32935

**(321) 254 –3176 (321) 254-4259 fax**

**NEW CORPORATION**

**Name Requested\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LLC**

**Principal Place of Business (Must be a street address)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

City, State, Zip Code

**Mailing Address**

* **Same address as principal address above.**

Address

City, State, Zip Code

**Name and Address of Registered Agent *(if you do not want Hill Accounting to be your Registered Agent with the State of Florid*a)**

Name

Address (PO BOX NOT ACEPTED)

City, State, Zip Code

Signature of Registered Agent, (if other than Hill Accounting)

**OFFICERS Name and Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Initial Title (Sr, Jr etc)

**OR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity name

Street Address City State Zip Code email

**OFFICERS Name and Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Initial Title (Sr, Jr etc)

**OR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entity name

Street Address City State Zip Code email

**List Additional Officers on Separate Sheet**

**NOTICE**

The FLORIDA CORPORATION must file an Annual Report with the Division of Corporations between January 1st and May 1st of every year to maintain “Active Status” The fee for the Annual Report is $150.00 A $400 Late fee is Applied after May 1st Reminder notices will be sent to the email address below:

Name email address

**Limited Liability Purpose ( check one)**

* **Any Lawful Purpose**
* **List specific Purpose**

**Signature of OFFICER or Authorized Representative of OFFICER**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

I am the member or Authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a Third degree felony as provided for in s. 817.155 F.S. I understand the requirement to file an Annual report to maintain “Active” Status.