

Date:

LLC FORMATION CHECKLIST

1. Name of LLC (name must include “Limited Liability Company”, “L.L.C.”, or “L.C.”):
 - a. Alternative choices:
 - b. Should name protection steps be taken:
 - c. Will any assumed name(s) be used?
 - d. Alternate choices:
2. Capital Accounts:
 - a. Capital contribution commitment of each member: _____
 - b. Annual Statement filing fee to State of Michigan: \$10.00 on or before February 15th each year.
 - c. Filing Articles of Organization fee to State of Michigan: \$50.00
3. Name of Resident Agent:
4. Name of Tax Matters Partner:
5. Address of Registered Office:
 - a. Mailing address, if different:
6. Name and address of Members (Single or Multiple:)
7. Voting Ratios of Members:
8. Other than limited liability, the LLC must state if the company is to be managed by Managers. () Yes () No
9. Stated purpose if other than general purpose clause desired:
10. Buy-sell/member withdrawal rights/procedures: _____

11. Special voting requirements/supermajority provisions: _____

12. Limitations on member/manager rights/powers: _____

13. Fiscal year-end: _____
14. Date of Annual Members Meeting (e.g., first Tuesday in March): _____
15. Duration of LLC (may state perpetual if so elected-stated duration generally not exceed twenty (20) years):
16. Information regarding other matters for approval by Members:
- a. Adoption of Operating Agreement-Formation Issues: _____

 - b. Lease or Purchase of Property: _____
 - c. Loans: _____
 - d. Employment Contracts: _____
 - e. Bank Account Resolutions: _____
 - f. Member/Manager Transactions: _____
 - g. Other: _____
17. Additional information needed for application for employer identification number (Form SS-4):
- a. Address of principal place of business:
 - b. Mailing Address:
 - c. Name of principal officer/title/Social Security Number: _____

 - d. Tax Matters Partner:
 - e. Accounting year (same as Fiscal year, see item 8 above): _____
 - f. County of business location:
 - g. Date of business started (date of incorporation typically): _____
 - h. Date of first wages: _____

- i. Nature of business (principal activity or service, manufacturing or other, and to whom will products be sold):
 - j. If manufacturing, principal product and raw material used:
 - k. Expected peak number of employees in the next 12 months:
 - l. Telephone number:
 - m. Previous FEIN:
18. Property used in connection with the business operation not held in the LLC: _____

19. Compliance with Michigan Department of Commerce Checklist of Filing Responsibility required.
20. Name, address, phone number of Accountant:
21. Name, address, phone number of principal bank of LLC, name of contact person, account information: _____

22. Proposed business activities requiring special registration or licensing: _____

23. Miscellaneous provisions to be added to the Operating Agreement:
- a. Distribution of cash or other assets: _____

 - b. Consent required to relieve another member from contribution obligation: _____

 - c. Qualifications and procedures by which a person becomes a member of the LLC: _____

 - d. Voting rights-in proportion to capital interests/other: _____

 - e. Transferability/assignability of membership provisions: _____

 - f. Provisions for dissolution: _____

- g. Allocation of Recourse and Nonrecourse liability: _____

- 24. Information required for executing Form 2848-Power of Attorney and Declaration of Representatives:
 - a. Types of taxes representative is authorized to represent LLC (i.e. income, employment):
 - b. Other acts authorized (i.e. Form SS-4, Obtain Employer I.D. No):
- 25. Execution of Consent Resolutions authorizing all instruments and documents is required.