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Information for New Corporation, LLC or Association

Person Ordering:

Name:	Telephone Number:
Mailing Address:	Email Address:

Type of Entity:

<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Corporation	
<input type="checkbox"/> Series Limited Liability Co.	<input type="checkbox"/> Professional Corporation	<input type="checkbox"/> Professional Association	
No. of Initial Series: _____	Select Profession:	Select Profession:	
Names of Initial Series:	<input type="checkbox"/> Accounting	<input type="checkbox"/> Medicine	<input type="checkbox"/> Osteopathy
(1) _____	<input type="checkbox"/> Engineering	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Dentist
(2) _____	<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Optometry	<input type="checkbox"/> Therapeutic Optometry
(3) _____	<input type="checkbox"/> Architecture	<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Psychology
	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Clinical Social Work	<input type="checkbox"/> Professional Counseling
	<input type="checkbox"/> _____	<input type="checkbox"/> Marriage / Family Counseling	

Name of Entity:

Principal Business Address:

First Choice:	Street/P.O. Box:
Second Choice:	
Third Choice:	
	Tel No:

Note: The name of a corporation must end with "Inc.", "Corp", or "Corporation". A professional corporation name must include "P.C" or "Professional Corporation" and a professional association must include "P.A" or "Professional Association". A limited liability company name must include "LLC" or "Limited Liability Company".

Assumed Name(s):

If the entity will operate or conduct business under any name other than its full legal name (including the Inc., LLC, PA, etc at the end of the legal name, you will need to file an assumed name certificate. Please provide any assumed names which will be used:

Directors/Managers (The board of directors or managers manages the corporation or company. Limited liability companies can be managed by its members but we require that corporations and associations be managed by a board of directors. Only one director/manager is required. If you are forming an LLC and do not want to name managers, leave this section blank.)

Name:	Address/Tel No:

Officers:

Title:	Name:	Address/Tel No:
President		
Secretary		
Vice-President		
Treasurer		

Members/Shareholders: (Members or shareholders own the corporation, company or association. Please list all owners.)

Name:	Address & Tel Number:	Number of Shares	Share Purchase Price
			\$
			\$
			\$
			\$
			\$

Registered Agent and Registered Office: (All entities must have a registered agent and office to receive official notifications which affect the entity. This must be a physical address. P.O. boxes are not acceptable. Anytime this address changes, the Secretary of State must be notified.)

Name of Registered Agent:	Address/ Tel No:

Tax Matters Member: (All entities must have a tax matters member who is responsible for receiving official notifications which affect the entity. This must be a physical address. P.O. boxes are not acceptable. Anytime this address changes, the IRS must be notified.) Please provide an address you wish to receive mail if it is different than the business address.

Name of Tax Matters Member:	Address / Tel No:

Annual Meeting: (Corporations and associations must hold annual meetings of the shareholders/members and board of directors. LLCs are not required to have an annual meeting.) Select the month for annual meetings if required. If left blank, we will use March. _____

Select from the following options as appropriate. The Corporation/Company/Association will:

<input type="checkbox"/> Hire employees	<input type="checkbox"/> Obtain licenses or permits to operate e.g. sales tax permit, etc
<input type="checkbox"/> Purchase insurance	<input type="checkbox"/> Other:
<input type="checkbox"/> Lease vehicles	

Emergency Provisions: Please list the name(s) of agents you would like to act on behalf of the member(s) or manager(s) in the event of emergency such as death or illness.

Other Notes: _____

Property Addresses: (If forming an entity to hold investment property)
