

Woods Wealth Advisors



Business Structuring &
Family Wealth Advising

R & C Woods Inc

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Certified Estate Planner

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LIMITED LIABILITY COMPANY

Form 2

INCLUDES EVERYTHING YOU NEED TO BEGIN OPERATING SUCCESSFULLY

- Clearance of LLC name prior to filing
- Preparation and filing of Articles of Organization
- Articles of Organization state filing fee
- Application for Federal Tax ID Number
- Deluxe Company Minute Book
includes Operating Agreement, Minutes/Resolutions, preprinted Membership Certificates, Company Seal
- First-year Resident Agent Service (NV, WY, CA only)
- Ongoing support

LLC INFORMATION

NAME OF
LLC



IMPORTANT

MUST indicate Limited Liability Company, LLC or L.L.C. after name

Second
Name choice

STATE of LLC filing

Sage International, Inc. is not responsible for federal and/or state trademark searches or applications on the use of your proposed name. Filing your company name with the state does not provide or guarantee protection for its use. We recommend you seek the services of an attorney who specializes in intellectual property law to protect all trademarks, service marks, copyrights and patents.

Name
Address
City, ST, ZIP

Phone
Fax
E-mail
Website

MAIN
MAILING
ADDRESS

Same as above
TO:
Address
City, ST, ZIP

SHIPPING
ADDRESS
for LLC kit

Same as above
TO:
Address
City, ST, ZIP

NO PO Box

Business Residence

If shipping UPS Ground, adult signature is required

If you plan to use a trade name: *(additional fees may apply)*

DBA / Fictitious Name

Do you have a revocable living trust?

Yes

No

Woods Wealth Advisors

REGISTERED AGENT

• **Must be in state of organization**

• **No Post Office Box**

Sage International, Inc. – *Nevada, California and Wyoming only*

All other states, please complete the information below:

Resident Agent Name

Address

Phone

City, ST, ZIP

Fax

County

E-mail

LIFE OF ENTITY

Perpetual duration

- OR -

Dissolution date

MANAGEMENT

The company shall be **managed** by:

Manager(s)

- OR -

Member(s)

If managed by Members, Members may contract debts on behalf of the company:

Yes

No

Does not apply

Right of the remaining Members of the company to continue business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a members in the company.

Yes

No

Management of a Limited Liability Company is vested in its Members in proportion to their contribution to its capital, as adjusted from time to time to reflect properly any additional contributions or withdrawals by the Members; i.e., with this election, all Members participate in the management, as would general partners of a partnership. If provision is made in the Articles of Organization, management of the company may be vested in a Manager or Managers who must be elected annually by the Members in the manner prescribed in the Operating Agreement of the company. The Manager or Managers also hold the offices and have the responsibilities accorded to them by the Members as set out in the Operating Agreement. If you elect this option, the Operating Agreement will clearly prescribe the requirements, manners and procedures for conduct of the required annual meeting.

The IRS will classify an LLC as either a corporation or partnership for income tax purposes.

An LLC will normally be classified as a partnership, unless an election to be classified as a corporation is filed. The election is made on IRS Form 8832. ***Please consult your CPA prior to making any election.***

Please check here if you choose to have your LLC taxed as a **C Corporation** (see Order Form for fees)

Please check here if you choose to take the **S Election** (see Order Form for fees)

Please check here if your LLC is a **Qualified Entity under Rev. Proc. 2002-69**, to be treated as a disregarded entity for tax purposes. (Please consult with your Strategist if you are unsure.)

M A N A G E R

The following person(s) shall serve as Manager(s) of the Limited Liability Company until the first annual meeting of Members or until their successors are elected and qualify.

NAME ADDRESS	SSN BIRTHDATE PHONE FAX E-MAIL
NAME ADDRESS	SSN BIRTHDATE PHONE FAX E-MAIL

M E M B E R

Please enter either name of Member(s) - OR - your Living Trust as Member

NAME RESIDENCE ADDRESS	SSN BIRTHDATE RESIDENCE PHONE	FAX E-MAIL % OF OWNERSHIP %
NAME RESIDENCE ADDRESS	SSN BIRTHDATE RESIDENCE PHONE	FAX E-MAIL % OF OWNERSHIP %
NAME RESIDENCE ADDRESS	SSN BIRTHDATE RESIDENCE PHONE	FAX E-MAIL % OF OWNERSHIP %
NAME RESIDENCE ADDRESS	SSN BIRTHDATE RESIDENCE PHONE	FAX E-MAIL % OF OWNERSHIP %

NATURE OF BUSINESS

Describe in detail the type of business your company will transact:

Go to: <http://www.sec.gov/info/edgar/siccodes.htm> Enter Standard Industrial Classification (SIC) code

Indicate the principal line of merchandise sold; specific construction work done; products produced; or services provided:

Please check one box that best describes the principal activity of your business:

Construction	Transportation & warehousing	Wholesale - agent/broker
Real estate	Finance & insurance	Wholesale - other
Rental & leasing	Health care & social assistance	Retail
Manufacturing	Accommodation & food service	Other (specify)

NEVADA BUSINESS

If forming a Nevada organization and using the Sage Business Presence Service, please provide the following information for the Nevada and City of Reno business license applications:

Nature of business: Service Sales (of tangible personal property **IN NEVADA**)

Estimated total monthly receipts: \$

Estimated total Nevada monthly TAXABLE receipts: \$

If your business operation is in Nevada, is your business home-based? Yes No City

EMPLOYEES	Highest number expected to hire in the next 12 months ---▶ <i>If you do not intend to have any employees during the period, enter 0</i>	Agricultural	Household	Other
	Date wages expected to commence			