



**Professional Limited Liability Company Organization Worksheet**

Please complete all of the following information, which we will use in forming your new Nebraska Professional Limited Liability Company. Please type or print clearly:

1. Name of the professional company to be formed:

First Choice:

Second Choice:

[Must include the phrase "Limited Liability Company" or the abbreviation "LLC" ]

2. What professional service will be provided by the professional company?

3. What is the street address and county of the professional company's place of business?

[street] [city] [county] [state] [zip]

4. One or more persons (designated as "members") may form a Professional LLC. All members must be licensed in Nebraska to provide the professional service for which the professional company is organized. Who will be the members forming the professional LLC and their initial equity investment? (Please list additional members on separate page):

<input type="text"/> [full name]	<input type="text"/> [license number]	<input type="text"/> [residential address]	<input type="text"/> [% equity]
<input type="text"/> [full name]	<input type="text"/> [license number]	<input type="text"/> [residential address]	<input type="text"/> [% equity]
<input type="text"/> [full name]	<input type="text"/> [license number]	<input type="text"/> [residential address]	<input type="text"/> [% equity]
<input type="text"/> [full name]	<input type="text"/> [license number]	<input type="text"/> [residential address]	<input type="text"/> [% equity]

5. Will the company have a Manager with authority to operate the business or will it be managed by the Members?    Manager                       or                      Members

If Manager-managed, please list the Manager(s) of the LLC:

Manager 1

Manager 2

6. What is the name and street address of the person who will be the professional company's Registered Agent? (Nebraska street address required [post office boxes not accepted])

[name] [address] [city] [state] [zip]

[The Registered Agent will receive official mail and, if the company becomes involved in a lawsuit, may be served with a summons or other legal process. It is therefore important that you name a responsible person with a permanent address. We can act as your Registered Agent for a fee of \$150.00/2 years. If you would like us to act as your Registered Agent, please note "CORPORATION CONSULTANTS" in response to question 6, above.]

7. What is the name, telephone number and email address of the person we can contact during business hours in case we have a question regarding the information on this form?

[name] [phone] [email]

8. To whom shall we mail the confirmation that the professional LLC has been accepted by the Secretary of State and, when all the steps in organizing the professional LLC have been completed, the company records?

[name] [email] [address] [city] [state] [zip]

9. Who referred you to CORPORATION CONSULTANTS/our legal services for small businesses?

- Accountant Friend/word of mouth Newspaper Phone book/other

10. Payment method:

- Check Visa M/C Discover Amex

Card # exp date CCV

Name on Card Signature

Cardholder Billing Address

When complete, return this form to us via email, mail, fax or in person with your payment in the amount of \$699 to organize a new professional LLC (plus \$150/2 years if you would like us to act as your Registered Agent in Nebraska) payable to:

WHITMORE LAW OFFICE LLC 7602 Pacific Street, Suite 200 Omaha, Nebraska 68114

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