

**State of Delaware
Limited Liability Company
Certificate of Formation**

FIRST: The name of the corporation is _____, LLC.

SECOND: The office of its Registered Office in the State of Delaware is to be located at **227 Mariners Way**, in the City of **Bear**, County of **New Castle**, Zip Code **19701**. The name of its Registered Agent at such address is **P & P Aviation, Inc.**

THIRD: The latest date on which the limited liability company is to dissolve is:_____.

In Witness Whereof, the undersigned **have executed this Certificate of Formation this** _____ day of _____, 20____.

signature

LLC Registered Agency Agreement

I, the undersigned, have neither requested nor received legal or tax advice from CorporationsPlus, its agents, or employees. I hereby authorize the formation of this corporation on my behalf.

In addition, I authorize the acquisition of a federal Tax ID number and/or application for Sub-chapter S status should either of these **OPTIONS** be requested now or in the future. I understand that there is an additional charge for either of these options.

I understand that the fee charged today is for the filing of the certificate necessary to form the corporation, for Registered Agency, and for mail forwarding. I understand that I will get unlimited US First Class Mail forwarded to a US Domestic mailing address at no extra charge until the end of this calendar year.

I understand that I will receive an invoice for Registered Agency, Mail Forwarding of \$139.00, and the annual Delaware State Franchise Tax of \$250.00 in January of every year, due and payable by January 31 of each year.

I understand that LLC formation in Delaware is of a perpetual nature. If ignored, the corporation will NOT go away. Should the need for an LLC no longer exist, the LLC must be dissolved in order for the annual charges to stop accruing both at the State and with the Registered Agent. In order to dissolve an LLC I must fill out dissolution papers and follow the proper dissolution procedure.

_____ SIGNED

_____ PRINTED

_____ DATED

The following address is to be used for mail forwarding:

NAME

ADDRESS

CITY, STATE, ZIP, COUNTRY

Contact email:# _____

Contact telephone #: _____

Contact fax #: _____

- Standard LLC Formation, Registered Agency and domestic mail forwarding: \$399.00
- Add EXPEDITED SERVICE (24 hours): \$150.00
- Add a Corporate Kit (customized binder, stock transfer ledger, pre-printed minutes, embossing seal): \$159.00
- Add EIN Service (obtain US Federal TAX ID number for you) \$59.00
- Add INTERNATIONAL mail forwarding retainer \$50.00

Optional Credit Card Information

If you would like to use a credit card, please fill out the section below. We accept Visa, MasterCard, and American Express. I authorize the charge of \$_____ to be placed on the following credit card:

number: _____ exp date: _____ cvc/cid number _____

credit card billing address: _____

signature: _____ date: _____