THE LAW OFFICES OF ANDERSON & ASSOCIATES

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		LIMITED LIABI			
		Return Complete	ed Form To: jamie@mokslaw.co		
	<u>Information</u>			Date:	, 20
	Full Legal Name:	<u> </u>			
		unmarried			
		nat is the Spouse's Full			
2. 0	Contact Person:				
3.]	Billing Address:		,		
		et Address	City	State	Zip Code
4.	Telephone No:		Email Address:		
LLC Ir	iformation				
		d you like to set up you	r LLC? 🗌 Missouri 🗌 Kan	1888	
	Desired Name:	a jou line to set up jou		15465	
		Inavailable Please List	t Your Second Choice:		
		ress of Each Member:			
8.]	Full Name and Addi	tess of Each Member:			
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Name		Street Address	City	State	Zip Code
Name		,Street Address	,,,,	,,,	Zip Code
Name		Street Address	City	State	Zip Code
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Name		Street Address	City	State	Zip Code
9.	Would you like Julie	e Anderson to act as you	ur Registered Agent? 🗌 Yes	s 🗌 No	
			e to use The Law Offices of Anders		ur Registered Agen
			f your preferred Registered		6 6
10. 1			r your preteneu registereu r	- Bound	
Name		,Street Address	,,,,	,,, _,	Zip Code
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Additic	onal Information				

I, the undersigned, am authorized to enter into this agreement on behalf of the above-named client. I agree to have The Law Offices of Anderson & Associates draft and file all necessary documents in the appropriate Missouri or Kansas venue. I also agree to pay for the services invoiced plus costs within 30 days of invoicing, regardless of a third party obligation to indemnify me. I further authorize The Law Offices of Anderson & Associates to affix my electronic signature to any documents filed with the Secretary of State that may be necessary for the formation of my company.

Signature

Printed Name

Signature

Printed Name

Please let us know how you heard about Our Company!