

MISSOURI OFFICE *
1903 Wyandotte St., Ste 100
Kansas City, MO 64108
PH: 816.931.2207
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**by appointment only*



KANSAS OFFICE
1901 W. 47th Place, Ste 300
Westwood, KS 66205
PH: (913) 262-2207
FX: (913) 262-2247

FOREIGN LLC REGISTRATION FORM- MISSOURI

Return Completed Form To: evict@mokslaw.com

Client Information

Date: _____, 20__

1. Full Legal Name: _____
2. Contact Person: _____
3. Billing Address: _____, _____, _____
Street Address City State Zip Code
4. Telephone No: _____ Email Address: _____@_____

LLC Information

5. What is your LLC's legal name: _____
6. What state was your LLC originally formed in: _____
7. If your LLC's name is unavailable in Missouri what is your second choice: _____
8. What is the nature of the business you do: _____

9. Would you like Julie Anderson to act as your Registered Agent? Yes No

*Please note there is an additional \$250.00 annual fee to use The Law Offices of Anderson & Associates as your Registered Agent

10. If no, What is the Full Name and Address of your preferred Registered Agent:

_____, _____, _____, _____
Name Street Address City State Zip Code

Additional 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