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INCORPORATION CHECKLIST

DATE: _____

A. GENERAL INFORMATION:

1. NAME(S): _____
2. RESIDENCE ADDRESS _____

3. RESIDENCE PHONE NUMBER(S) _____
4. BUSINESS ADDRESS _____

5. BUSINESS PHONE NUMBER _____
6. BUSINESS FAX NUMBER _____
7. CELL PHONE NUMBER(S) _____

8. CURRENT BUSINESS NAME _____
9. DESCRIBE YOUR BUSINESS _____

10. PRODUCT(S) SOLD/SERVICES PROVIDED _____

11. NUMBER OF EMPLOYEES

Current _____

Proposed _____

12. CURRENT AND/OR FORMER EMPLOYER IDENTIFICATION NUMBER(S)

13. PROPOSED CORPORATION NAME

First Choice: _____

Second Choice: _____

Third Choice: _____

14. WHAT NAME(S) WILL THE CORPORATION USE FOR A FICTITIOUS BUSINESS NAME? _____

15. COUNTY(IES) WHERE PRIMARILY DO BUSINESS ?

16. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS.

NAME: _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

17. WHO WILL BE THE PRESIDENT OF THE CORPORATION?

NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

18. WHO WILL BE THE VICE-PRESIDENT OF THE CORPORATION?

NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

19. WHO WILL BE THE SECRETARY OF THE CORPORATION?

NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

20. WHO WILL BE THE TREASURER/CEO/CFO?

NAME _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

21. NAMES AND ADDRESSES OF EACH MEMBER OF THE BOARD OF DIRECTORS.

(a) _____

(b) _____

(c) _____

(d) _____

22. HOW MANY SHARES OF STOCK WILL BE ISSUED? _____

23. WHAT WILL BE THE ADDRESS OF THE CORPORATION'S PRINCIPAL OFFICE?

24. WHO WILL BE THE SHAREHOLDERS? WHAT PERCENTAGE?

a. NAME _____ % _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

b. NAME _____ % _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

c. NAME _____ % _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

d. NAME _____ % _____

ADDRESS _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____

25. **ARE YOU A LICENSED CONTRACTOR? YES _____ NO _____**
IF SO.

What is your Contractor's License Number? _____

When was the license issued? _____

26. **BUYOUT AGREEMENT TERMS?**

27. CHECK SIGNING AUTHORITY?

28. WHAT IS EACH PERSON CONTRIBUTING TO THE CORPORATION:

NAME: _____

Cash: _____

Equipment: _____

Vehicles: _____

Other: _____

NAME: _____

Cash: _____

Equipment: _____

Vehicles: _____

Other: _____

NAME: _____

Cash: _____

Equipment: _____

Vehicles: _____

Other: _____

29. MISCELLANEOUS ISSUES:
