

2608 Stonewall Street | P.O. Box 1353 | Greenville, Texas 75403 | P: 903.454.0044 | F: 903.454.1514

POTENTIAL NEW CLIENT WORKSHEET

Business Entity Formation Services starting at \$1000 (all fees included)

Dear Potential New Client,

Please fill out this worksheet and submit it to our firm via email at Roxana@ScottRayLaw.com. If the requested information is unknown state "Unknown." If information does not apply "N/A." Should you have any questions regarding how to complete this form or submit it to our firm, please feel free to contact Roxana La Rosa, at (903) 269-3614.

We aim to meet your goals with respect to your new or current business, and can meet almost any goal ranging from almost-immediate Corporate/Nonprofit/LLC set up, to providing free-of-charge a consultation with your attorney prior to choosing the best entity and structure for you.

We look forward to reviewing your request and will work to respond to you promptly if our firm can serve your needs.

Sincerely,

The Legal Team of Scott, Ray & Sullivan, PLLC

1. Company Name – Use exact punctuation, capitalization, and spacing.

First Choice	
Second Choice	
Third Choice	

2. Company will be run by:

Owners	
Non-Owners	

3. Select Member(s) required to sign Interest Certificates a/k/a Stock Certificates:

Secretary	
President	
Member or Manager	
Member or Manager	

	notices and promptly notif for \$10 a month. If you for	y you. You w rego this serv ar business, b	ill be contact ice, it is reco ecause this e	ted upor ommend	expiration if you ed to use contact	vice which will receive these a choose to continue the service information remaining e of important deadlines even				
	Use Free One-Year RA Subscription Select Own RA (fill in contact info)									
	Name									
	Address									
	City, State, Zip									
5.	Initial Governing	Persons:								
	Name and Mailing	Address								
	Name and Mailing	Address								
	Name and Mailing	Address								
	Name and Mailing	Address								
6.	Principal Place of Business:									
	Address									
	City, State, Zip									
7. a. our lav	Organizational Mo Do you want to util v offices?	ize our inc				your Organization Meeting at				
	Yes – Please provide t									
b.	Who will preside ov	ver the Org	ganizatior	nal Me	eeting?					
	Name Position									
	Name Position									
c.	Who will be the Of	ficers nam	ed at the	Organ	izational Me	eting?				
	President									
	Secretary Via - Branifact (Or	-4:1)								
	Vice President (Options									
	Treasurer (Optional)	11)								
	Other (Optional)									
d.	Initial Members and Units of Membership									
	Name and Mailing	Address	Percenta	age O	wnership	Initial Contribution Value				

Registered Agent – The person who receives legal notices for your company.

4.

8. Banking (optional, but recommended):	Banking (optional, but recommended):						
Which Bank do you intend to use for your company?							
Name and Title of each person authorized to draw on your company's account	Name and Title of each person authorized to draw on your company's accounts:						
Strategic Estate Planning							
Do you want to discuss ways to avoid probate, protect your assets, or other estate plann strategies?	ing						
Yes No							
Please use space below to provide additional information or questions.							
11. Contact Information for Free Consultation							
Consultation Preference Phone In Person							
Preferred Days of Week for Consultation							
Preferred Times of Day for Consultation							
How did you hear about our firm?							

Please submit your completed worksheet to our firm via one of the following:

Email: Roxana@scottraylaw.com

Fax: (903) 454-1514

Mail: PO Box 1353, Greenville, Texas 75403-1353

Need help or have questions about this form?

Contact Roxana La Rosa at: Roxana@Scottraylaw.com or (903) 269-3614.