F l o r i d a  U n i t e d  B u s i n e s s e s  A s s o c i a t i o n  
A p p l i c a t i o n  f o r  I n c o r p o r a t i o n  
(Please type or print legibly.)

Incorporating your business is an important decision that has legal, accounting and tax implications. Florida United Businesses Association (FUBA) strongly recommends that corporate documents be reviewed by your accountant or legal counsel. FUBA is a filing service only and as such does not render any legal, accounting, or tax advice.

Corporate Name
Your corporate name must be distinct and not substantially similar to any existing corporate names. Please provide up to three alternatives in case your proposed corporate name is rejected because it is taken already or is too similar to another existing corporation. Please note: you are responsible for any name infringement that may result from your corporate name selection. The name of your corporation must include a corporate suffix such as Corporation, Corp., Incorporated, Inc., Company, or Co.

1st choice  ___________________________________________________________
2nd choice  __________________________________________________________
3rd choice  __________________________________________________________

Corporate Stock Shares
This is the number of shares your corporation is authorized to issue. If you do not list an amount, the default is 100 authorized shares. __________________________________________________________

Principal Place of Business
This is your corporation’s address. If you do not have an office, you can use your home address.

Address  ___________________________________________________________
__________________________________________________________
City, State, Zip  __________________________________________________
Phone  ____________________________ Fax  ____________________________
Email  ___________________________________________________________

Mailing Address
If your corporate mailing address is the same as your principal address above check the box below; if not, please enter your corporate mailing address.
☐ Mailing address same as principal address

Address  ___________________________________________________________
__________________________________________________________
City, State, Zip  __________________________________________________
**Name & Address of Registered Agent**

A registered agent is responsible for receiving important legal documents. The registered agent must be an individual able to act as an agent, located at a street address in Florida. This person must be available during business hours at a specific location to accept legal paperwork if your corporation is sued. You can designate yourself, your spouse, your accountant, or anyone else. Make sure you have asked this person to accept the designation as a registered agent. The registered agent’s name and address are included in the articles of incorporation and this information is a matter of public record.

Name __________________________________________________________

Street Address ________________________________________________

______________________________________________________________

City, State, Zip ________________________________________________

Registered Agent Signature ___________________________________________ Date ________

**Incorporator**

The incorporator is the person forming the corporation. Please list your name and address.

Name __________________________________________________________

Street Address ________________________________________________

City, State, Zip ________________________________________________

Incorporator Signature ______________________________________________ Date ________

**Corporate Purpose**

If you do not list a purpose, the default is “any and all lawful business.”

___________________________________________________________________

___________________________________________________________________
Officer(s)/Director(s) Name & Address

Under Florida law, only 3 officers of each corporation are eligible to exempt themselves from workers’ compensation coverage. To be exempt, each officer must own at least 10% of the corporate stock issued. Please list the number of shares owned by each officer below.

| Title (President, Vice President, Secretary, Treasurer, etc.) | ________________________________ |
| Name | ________________________________ |
| Address | ________________________________ |
| City, State, Zip | ________________________________ |
| Shares Owned | ____________________________________ |
| (DO NOT LEAVE NUMBER OF SHARES BLANK) | |

| Title (President, Vice President, Secretary, Treasurer, etc.) | ________________________________ |
| Name | ________________________________ |
| Address | ________________________________ |
| City, State, Zip | ________________________________ |
| Shares Owned | ____________________________________ |
| (DO NOT LEAVE NUMBER OF SHARES BLANK) | |

| Title (President, Vice President, Secretary, Treasurer, etc.) | ________________________________ |
| Name | ________________________________ |
| Address | ________________________________ |
| City, State, Zip | ________________________________ |
| Shares Owned | ____________________________________ |
| (DO NOT LEAVE NUMBER OF SHARES BLANK) | |

| Title (President, Vice President, Secretary, Treasurer, etc.) | ________________________________ |
| Name | ________________________________ |
| Address | ________________________________ |
| City, State, Zip | ________________________________ |
| Shares Owned | ____________________________________ |
| (DO NOT LEAVE NUMBER OF SHARES BLANK) | |
Payment Information
We will ONLY accept a check, cashier’s check, money order or credit card. Please check the appropriate box below.

☐ $150 existing FUBA member  (Please provide your FUBA member # ______________)

☐ $200 Non-FUBA member

Credit Card Information – ALL FIELDS ARE REQUIRED

Credit Card # ———- ———- ———- ———- Expiration Date: _____ / _____

Security Code: ______________
(3-digit code located on the back of card; 4-digit code located on the front of card for American Express)

Authorized Signature: __________________________

Billing First Name: _______________________________

Billing Last Name: _______________________________

Billing Address: _________________________________

Billing City: _________________________________

Billing State: _________________________________

Billing Zip Code: _______________________________

Please make sure a form of payment is included with your application. Make your check, cashier’s check or money order payable to FUBA (Florida United Businesses Association).

WE WILL NOT PROCESS ANY APPLICATION UNTIL PAYMENT HAS BEEN RECEIVED.

Return completed application to Florida United Businesses Association.
By mail: PO Box 1302, Tallahassee, FL 32302
By fax: (850) 681-0765

Once your application is filed with the State of Florida, you will receive a corporate kit containing a certified copy of your Articles of Incorporation, Certificate of Status, and Stock Certificates. You will also receive applications for your Federal Employer Identification Number, Qualified Business License, and Workers’ Compensation Exemption.

If you have any questions, please call FUBA at (800) 262-4483.