

**F L O R I D A   U N I T E D   B U S I N E S S   S E R V I C E S**  
**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 Business Services strongly recommends that corporate documents be reviewed by your accountant or legal counsel. Florida United Business Services 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.**

1<sup>st</sup> choice \_\_\_\_\_  
2<sup>nd</sup> choice \_\_\_\_\_  
3<sup>rd</sup> 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 Code \_\_\_\_\_  
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 Code \_\_\_\_\_

**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 \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Registered Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Incorporator**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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 \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shares Owned \_\_\_\_\_  
(DO NOT LEAVE NUMBER OF SHARES BLANK)

Title (President, Vice President, Secretary, Treasurer, etc.) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shares Owned \_\_\_\_\_  
(DO NOT LEAVE NUMBER OF SHARES BLANK)

Title (President, Vice President, Secretary, Treasurer, etc.) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shares Owned \_\_\_\_\_  
(DO NOT LEAVE NUMBER OF SHARES BLANK)

Title (President, Vice President, Secretary, Treasurer, etc.) \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Shares Owned \_\_\_\_\_  
(DO NOT LEAVE NUMBER OF SHARES BLANK)

**Payment Information**

We will **ONLY** accept a certified check, cashier’s check, money order or credit card. Please check the appropriate box below.

**NOTE:** All documents are mailed First-Class using the United States Postal Service (USPS), unless you indicate that you want them overnighted by selecting the UPS overnight delivery box below.

\$150 existing FUBA member (Please provide your FUBA member # \_\_\_\_\_)

\$200 Non-FUBA member

\$20 for overnight delivery of corporate kit (optional)

**Credit Card Information – ALL FIELDS ARE REQUIRED**

American Express  Discover  MasterCard  VISA

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: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Please make sure a form of payment is included with your application. If paying with a cashier's check or money order, please make payable to FUBS (Florida United Business Services).**

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

**Return completed application to Florida United Business Services.**

**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 FUBS at (850) 681-6265.**