

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 O R G A N I Z I N G A L I M I T E D
L I A B I L I T Y C O M P A N Y (L L C)

(Please type or print legibly.)

Changing the structure of your business is an important decision that has legal, accounting and tax implications. Florida United Businesses Association (FUBA) strongly recommends that 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.

Limited Liability Company Name

Your limited liability company name must be distinct and not substantially similar to any existing names. Please provide up to three alternatives in case your proposed name is rejected because it is taken already or is too similar to another existing business. Please note: you are responsible for any name infringement that may result from your name selection. **The name of your limited liability company must end with Limited Liability Company, Limited Company, LC or LLC.**

1st choice _____

2nd choice _____

3rd choice _____

Principal Place of Business

This is your limited liability company'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 limited liability company mailing address is the same as your principal address above check the box below; if not, please enter your limited liability company 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 limited liability company 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 organization and this information is a matter of public record.

Name _____

Street Address _____

City, State, Zip _____

Registered Agent Signature _____ **Date** _____

Structure of a Limited Liability Company

Owners of an LLC are called “Managers.” An LLC does not have a board of directors or corporate officers. A manager’s ownership of an LLC is represented by his or her “interest” in the company, just as partners have interest in a partnership and shareholders have stock in a corporation. An LLC may be controlled by its managers. If the LLC is to be controlled by its managers, it operates much like a sole proprietorship (if the LLC has one member) or a partnership (if the LLC has 2 or more members). Manager control is the normal default rule of state law.

Signature of a member or an authorized representative of a manager

_____ **Date** _____

Limited Liability Company’s Purpose

If you do not list a purpose, the default is “Any lawful purpose.”

Managers Name & Address (Refer to structure of an LLC on page 2)

This is where you list the people who own the LLC. Under Florida law, only 3 managers of an LLC are eligible to exempt themselves from workers’ compensation coverage. To be exempt, each manager must have at least a 10% ownership interest in the LLC. Please list the manager owners below.

Name _____

First Middle Last

Address _____

City, State, Zip _____

Name _____
 First Middle Last
Address _____

City, State, Zip _____

Name _____
 First Middle Last
Address _____

City, State, Zip _____

Name _____
 First Middle Last
Address _____

City, State, Zip _____

Name _____
 First Middle Last
Address _____

City, State, Zip _____

Payment Information

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

- \$250 existing FUBA member (Please provide your FUBA member # _____)

- \$300 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: _____

Primary Phone # (_____) _____ - _____

Alternate Phone # (_____) _____ - _____

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 and approved with the State of Florida, you will receive a a certified copy of your Articles of Organization, Certificate of Status, and Affirmation of Ownership (must be notarized). You will also receive an LLC Kit that contains 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.