

**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 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 Business Services strongly recommends that 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.**

**Please note:**

If you are a contractor licensed by the State of Florida (through the Department of Business & Professional Regulation), changing the structure of your business affects your contractor's license. If you decide to form an LLC to be eligible for a new workers' compensation exemption, you will need to (1) file for a change of status of your license and (2) qualify your business (also known as a QBL) with the Construction Industry Licensing Board in order to remain a properly licensed contractor. Because these forms take a while to process, we suggest that you do not delay and go ahead and file this paperwork now. Florida United Business Services, Inc. is not responsible for filing or changing any license, or any implications that may result from license infractions.

**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.**

1<sup>st</sup> choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> 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 “members.” An LLC does not have a board of directors or corporate officers. A member’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 managed by its members or by selected managers. If the LLC is to be managed by its members, it operates much like a sole proprietorship (if the LLC has one member) or a partnership (if the LLC has 2 or more members). Member management is the normal default rule of state law. This means that if managers are not selected in these articles of organization, the members will direct the affairs of the LLC.

**Signature of a member or an authorized representative of a member**

\_\_\_\_\_ **Date** \_\_\_\_\_

**Limited Liability Company’s Purpose**

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

\_\_\_\_\_



**Payment Information**

We will **ONLY** accept a certified check, cashiers check, money order or credit card (Only MasterCard OR VISA accepted). Please check the appropriate box below.

- \$250 existing FUBA member    FUBA member # \_\_\_\_\_
- \$300 Non-FUBA member
- \$20 for overnight delivery of LLC kit (optional)

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

- MasterCard     VISA

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_  
(3-digit code located on the back of card)

Authorized Signature: \_\_\_\_\_

Billing First Name: \_\_\_\_\_

Billing Last Name: \_\_\_\_\_

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

\_\_\_\_\_

Billing City: \_\_\_\_\_

Billing State: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Billing Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please make sure a form of payment is included with your application. Make your certified check, cashiers check or money order 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 846, Tallahassee, FL 32302**

**By fax: (850) 681-0765**

**Once your application is filed with the State of Florida, you will receive an LLC kit containing a certified copy of your Articles of Organization, Certificate of Status, and Affirmation of Ownership (must be notarized). 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.**