

**BLACKSTONE
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ORDER FORM. . . CORPORATION FOR PROFIT • PROFESSIONAL ASSOCIATION

FORMING A CORPORATION • CORPORATE OUTFIT • PERSONALIZED™ MINUTES

PERSONALIZED™ MINUTES ARE COMPLETE. LETTER QUALITY. SIGNATURE READY ORGANIZATIONAL MINUTES AND BYLAWS

FIRM NAME _____ ORDERED BY _____

ADDRESS _____

TELEPHONE _____ DATE _____ EQUITY _____

COMPLETE FOR CORPORATE KIT ORDER

CORPORATION FOR PROFIT P.A. DELUXE OUTFIT WITH IMPRESSION SEAL DELUXE OUTFIT WITH B Seal™ ECONOCORP™

NAME OF CORPORATION _____

INCLUDE PERSONALIZED™ MINUTES PRINTED MINUTES (FILL IN THE BLANKS) BLANK MINUTES (BLANK PAGES)

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

STATE OF INCORPORATION _____ YEAR INCORPORATED _____

COMPLETE FOR FILING ARTICLES OF INCORPORATION

PLEASE FILE THE CORPORATION LISTED BELOW • PLEASE HAVE THE ARTICLES RETURNED BY OVERNIGHT DELIVERY

CERTIFIED ARTICLES UNCERTIFIED ARTICLES _____ CGS CERT. GOOD STANDING

NAME OF CORPORATION 1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

CORPORATE ADDRESS _____

INCLUDE PREEMPTIVE RIGHTS INCLUDE SECTION 1244 IF P.A. TYPE OF SERVICE _____

LIST DIRECTORS NAMES AND ADDRESSES (NO POST OFFICE BOXES)

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

SEE OTHER ORDER FORM FOR PAYMENT INFORMATION

COMPLETE FOR PERSONALIZED™ MINUTES

NAME OF CORPORATION _____

CORPORATE ADDRESS _____

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

STOCK TYPE _____ AUTHORIZED SHARES _____ PAR VALUE _____

DATE ARTICLES FILED _____ FISCAL YEAR DATE _____

ANNUAL MEETING DATE _____ TIME _____

PRESIDENT _____ VICE PRESIDENT _____

SECRETARY _____ TREASURER _____

STARTING CAPITAL _____ NAME OF BANK _____

INCLUDE IRC 1244

INCLUDE SUB CHAPTER S

INCLUDE MEDICAL PLAN

REGISTERED AGENT NAME _____

ADDRESS _____

INCORPORATOR

STOCKHOLDER

DIRECTOR

NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ NO. SHARES _____ CONSIDERATION _____

INCORPORATOR

STOCKHOLDER

DIRECTOR

NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ NO. SHARES _____ CONSIDERATION _____

INCORPORATOR

STOCKHOLDER

DIRECTOR

NAME _____

ADDRESS _____

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