

**BLACKSTONE
Legal Supplies, Inc.**

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ORDER FORM. . . CORPORATION NOT FOR PROFIT

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 _____ QUANTITY _____

COMPLETE FOR CORPORATE KIT ORDER

DELUXE CORPORATE 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)

STATE OF INCORPORATION _____ YEAR INCORPORATED _____ INCLUDE MEMBERSHIP CERTIF. (OPTIONAL) QUANTITY _____

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 _____

STATE OF INCORPORATION _____ YEAR INCORPORATED _____

CORPORATE ADDRESS _____

PURPOSE OF CORPORATION _____

QUALIFICATIONS FOR MEMBERSHIP _____

LIST DIRECTORS NAMES AND ADDRESSES (NO POST OFFICE BOXES • 3 minimum)

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

SEE OTHER ORDER FORM FOR PAYMENT INFORMATION

COMPLETE FOR PERSONALIZED™ MINUTES

NAME OF CORPORATION _____

CORPORATE ADDRESS _____

DATE ARTICLES FILED _____ YEARLY DUES _____

ANNUAL MEETING DATE _____ TIME _____

REGULAR MEETING DATE _____ TIME _____

CHAIRMAN _____ PRESIDENT _____

VICE PRESIDENT _____ SECRETARY _____

TREASURER _____

NAME OF BANK _____ MEMBER QUORUM _____

PURPOSE OF CORPORATION _____

QUALIFICATIONS FOR MEMBERSHIP _____

REGISTERED AGENT NAME _____

ADDRESS _____

INCORPORATOR MEMBER DIRECTOR

NAME _____

ADDRESS _____

INCORPORATOR MEMBER DIRECTOR

NAME _____

ADDRESS _____

INCORPORATOR MEMBER DIRECTOR

NAME _____

ADDRESS _____

INCORPORATOR MEMBER DIRECTOR

NAME _____

ADDRESS _____

INCORPORATOR MEMBER DIRECTOR

NAME _____

ADDRESS _____