



- New Formation
- Amendment
- Change of R/A
- \_\_\_\_\_

# Order Form

## Limited Liability Company

### State of Organization

- Nevada (Clark County)
- Wyoming (Sheridan County)
- State \_\_\_\_\_

### Formation Time

- Nevada (24 Hours)
  - Wyoming (24 Hours)
  - State \_\_\_\_\_
- Expedited:  Yes  No
- Speed: \_\_\_\_\_

### Type of Entity Choose One

- Single-Member
- Multi-Member
- Series

### Name-Ending Choose One

- LLC
- Limited Liability Company

### Company Name

List your top three choices in order of preference

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Incorporation Service Provider

**Asset Protection Services of America Trust**  
 % Mr. Jay Butler, Trustee  
 732 South 6th Street  
 Suite N  
 Las Vegas, Nevada 89101-6948  
 Office (775) 461-5255  
 Fax (775) 461-1155  
 E-Mail [info@AssetProtectionServices.com](mailto:info@AssetProtectionServices.com)  
 Website [www.AssetProtectionServices.com](http://www.AssetProtectionServices.com)



**Company Management**  
*Choose One*

**Manager-Managed**      Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Address of Manager**

<input type="checkbox"/> <b>Nevada Offices</b> 732 South 6th Street Suite N Las Vegas, Nevada 89101-6948	<input type="checkbox"/> <b>Wyoming Offices</b> 30 North Gould Street Suite N Sheridan, Wyoming 82801-6317
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Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
County: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Nominee Services**

Yes    Jay Butler (Nominee)  
 No

**Fiscal Year-End**  
*Choose One*

_____ January	_____ July
_____ February	_____ August
_____ <b>March (Q1)</b>	_____ <b>September (Q3)</b>
_____ April	_____ October
_____ May	_____ November
_____ <b>June (Q2)</b>	_____ <b>December (Q4)</b>

**Company Secretary**

Name: \_\_\_\_\_

**Tax Election**  
*Choose One*

Single-Member (*Disregarded*)  
 1065 Partnership (*Informational*)  
 1120 Corporate (*Stand-Alone*)  
 1120-S (*Flow-Through*)

**Business Purpose**  
*Please Describe*

Buy • Hold • Sell Real Property  
 Holding Company  
 Property Management  
 Other: \_\_\_\_\_



**Registered Agent for Company**

Northwest Registered Agent LLC  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Northwest Registered Agent Service Inc  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

Registered Agent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Physical Address of Company**

Nevada Offices  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Wyoming Offices  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Mailing Address of Company**

Nevada Offices  
732 South 6th Street  
Suite N  
Las Vegas, Nevada 89101-6948

Wyoming Offices  
30 North Gould Street  
Suite N  
Sheridan, Wyoming 82801-6317

To the Attention of: \_\_\_\_\_ (Parent Company)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_



**Company Ownership**

*Complete for each Ultimate Beneficial Owner (UBO) and make additional copies of the next page, if necessary*

Ultimate Beneficial Owner # 1

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address is "Same as Above"

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Interests: \_\_\_\_\_ out of 1,000 Interests Issued (10,000 Interests Available)

Yes "Custodian of Records" and "Communications Contact Person".

Yes This is an "Authorized Signatory" on the company bank account.

**Employer Identification Number (EIN) and Bank Account Introduction Document**

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year



## **Government ID**

Color Copy

Corporate Transparency Act (CTA), Know Your Client (KYC) and Anti-Money Laundering (AML) regulations require we obtain a color-copy of a current and valid government-issued photo ID, such as a Passport, Driver's License or Military ID.

*Please make an 'original size' color-copy of your government ID in the space provided below.*



**Company Ownership**

Manager and/or Member # \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Yes  No This is an "Authorized Signatory" on the company Bank Account.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

% of Ownership: \_\_\_\_\_ % Capital Contribution: \$ \_\_\_\_\_

# of Interests: \_\_\_\_\_ out of 1,000 Interests Issued (10,000 Interests Available)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Government ID**

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City: \_\_\_\_\_ State: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mobile: + \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Country Code Area Code

E-Mail: \_\_\_\_\_

Yes  No This is an "Authorized Signatory" on the company Bank Account.

Your Profession: \_\_\_\_\_ Nationality: \_\_\_\_\_

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Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

**Government ID**

Color-Copy

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# Order Form

## Limited Liability Company

### Client Declaration and Signature

I confirm that all information given in this Order Form is true, correct and complete to the best of my knowledge and belief. By signing below I confirm to have read, understand and agree to be bound by the APSA "Terms and Conditions" as found on [AssetProtectionServices.com](http://AssetProtectionServices.com). I understand services shall not be initiated until such time as all supporting documents and full payment have been received and accepted by Asset Protection Services of America Trust.

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Day                      Month                      Year

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

### EIN Authorization

I hereby request and authorize Asset Protection Services of America Trust to obtain my company EIN (Employer Identification Number) on the IRS (Internal Revenue Service) website on my behalf for the aforementioned Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Client Signature

### Independent Agent

Who is your APSA independent agent?

### Referral Source

Who referred you to us please?

\_\_\_\_\_

\_\_\_\_\_