



# THEUS LAW OFFICES

*CONFIDENTIAL*

## LLC ORGANIZATION DATA

File No.: \_\_\_\_\_ Date: \_\_\_\_\_

A. General Information:

1. Name of Organization: \_\_\_\_\_

2. Registered Physical Address of LLC (in Louisiana) \_\_\_\_\_  
\_\_\_\_\_

3. Name and Physical Address of Registered Agent \_\_\_\_\_  
\_\_\_\_\_

4. Name and Physical Address of Organizer (to sign Articles of Organization) \_\_\_\_\_  
\_\_\_\_\_

5. Federal EIN (if known) \_\_\_\_\_

6. Tax Status  Disregarded Entity  Partnership  S-Corporation  C-Corporation

B. Members:

1.	Name	_____
	Address	_____
		_____
	Social Sec. No. or TIN	_____
	Telephone Number	_____
	Email Address	_____
	Name of authorized officer and title if other than individual member	_____
2.	Name	_____
	Address	_____
		_____
	Social Sec. No. or TIN	_____
	Telephone Number	_____
	Email Address	_____
	Name of authorized officer and title if other than individual member	_____

3.

Name

Address

Social Sec. No. or  
TIN

Telephone Number

Email Address

Name of authorized  
officer and title if  
other than individual  
member

4.

Name

Address

Social Sec. No. or  
TIN

Telephone Number

Email Address

Name of authorized  
officer and title if  
other than individual  
member

5.

Name

Address

Social Sec. No. or  
TIN

Telephone Number

Email Address

Name of authorized  
officer and title if  
other than individual  
member

6.

Name

Address

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TIN

Telephone Number

Email Address

Name of authorized  
officer and title if  
other than individual  
member

C. Voting Power:

Will voting power of the members be equal? YES  NO

If NO, please describe (e.g., in accordance with ownership interest stating percentages):

D. Sharing of Profits and Losses

Will profits and losses be shared equally among the members in accordance with their ownership interest?

YES  NO

If NO, please describe (or for professional companies, please indicate in general terms whether distributions will be based on some combination of revenue sharing and production after allocation of expenses).

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E. Initial Capital Contribution

Will the members make a monetary capital contribution to the entity?

YES  NO

If YES, please list the amounts to be contributed by each member (noting that initial contribution may be nominal):

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F. Transfer of Assets

Will any members transfer assets to the company as part of the organization?

YES  NO

If YES, please attach a schedule describing the assets to be contributed by each member.

G. Restrictions on Transferability

Will there be restrictions on transferability, or buy-out provisions in the organizational documents?

YES  NO

If YES, please generally describe the terms:

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H. Other Provisions

Please describe any other specific provisions for formation to be included in organizational documents, such as management, operations or provisions for family business, etc.:

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