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 _____

_____

Social Sec. No. or 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).

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):

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:

_____

_____

_____

_____

_____

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.:

_____

_____

_____

_____

_____