

LIMITED LIABILITY COMPANY ORGANIZATIONAL CHECKLIST

LLC:

Telephone:

Attorney:

Telephone:

Accountant:

Telephone:

Note: Please be advised the following chart is for illustration purposes only. Some items may not apply to your entity and there may be other tasks that need to be undertaken specific to your business, location, and/or industry that are not listed.

Completed

- A. Draft ARTICLES OF ORGANIZATION and file with the Secretary of State. _____
- B. Draft OPERATING AGREEMENT stating the limited liability company rules of procedure. _____
- C. Prepare MINUTES of organizational meeting of Members. _____
- D. File FEDERAL FORM SS-4, application for Employer Identification Number _____
- E. If Sub-chapter S election is made, FILE FEDERAL FORM 2553 within 75 days of date which corporation has shareholders, acquires assets, or begins doing business, whichever happens first. _____
- F. If required by client, GIVE APPROPRIATE NOTICE of use of "trade" or "fictitious" name if business is to be conducted other than under the limited liability company's legal name. _____
- G. Open BANK ACCOUNT(S) in the name of the limited liability company and complete appropriate bank authorization forms. _____
- H. SCHEDULE OF INITIAL ASSETS and LIABILITIES to be transferred to limited liability company (Opening Trial Balance) _____

I. Order the following:

1. STATIONERY and business forms containing the limited liability company's legal and/or trade name _____
2. Bank Checks _____
3. Business Cards _____
4. Telephone Listing _____
5. Advertising Material _____
6. Signs _____

J. Comply with state and local requirements:

1. REGISTER FOR SALES and use tax number _____
2. If applicable, FILE BLANK CERTIFICATES of resale with large vendors _____
3. File FLORIDA FORM DR-1 for state unemployment tax number _____
4. Where required, secure
LOCAL BUSINESS TAX ACCOUNT:
 - a. City
(Fort Myers office – 332-6760)
(FM Beach office - 765-0202)
(Cape Coral office – 574-0430)
(Bonita Springs office - 479-8394)
(Sanibel office - 472-9615)
 - b. County
(Lee Co. office – 533-6000)

K. Insurance

1. Workmen's Compensation _____
2. Liability _____
3. Fire and Theft _____
4. Blanket Bond _____
5. Professional Liability _____

L. Have each employee complete FEDERAL FORM
W-4 (W-4-E) income tax withholding information

M. Install ACCOUNTING SYSTEM and select
assets and liabilities to be transferred to or
assumed by limited liability company.

N. Make sure limited liability company name is on:

1. Leases _____
2. Licenses _____
3. Titles to PERSONAL PROPERTY
(e.g., automobile or other vehicle title) _____
4. Transfer REAL PROPERTY _____

O. Consider EMPLOYEE BENEFIT PLANS:

1. Health _____
2. Life Insurance _____
3. Pension or Profit-Sharing _____
4. Self-funded Medical Plan _____

This draft form is provided to you courtesy of
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