

ROSS & ASSOCIATES BUSINESS FORMATION AND FILINGS® Your Business Success Is Our First Priority

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FOREIGN QUALIFICATION ORDER FORM

Home State:			Filing State:			
Entity Type:						
C-Corporation	S-Corporation	LLC				
Filing Method:						
Standard	Express	24 Hour	(if possible)			
BUSINESS OWNE	R INFORMATION					
Company Name:						
Business Descriptio	n:					
Federal Tax ID #:			Shares & Par	Value (Corps	s only):	
BUSINESS ADDR	ESS					
Business address 1:						
Business address 2:						
City:			State:		Zip:	
REGISTERED AGE	ENT INFORMATION					
Ross & Associated Business Formation and Filings Registered Agent (Additional \$149.00/yr.):						
Yes No, se	e below					

Name:			
Address:			
City:	State:	Zip:	
OWNER/SHAREHOLDER 1			
Name:			
Address:			
City:	State:	Zip:	
Percentage of Ownership:	Social Security #:		

OWNER/SHAREHOLDER 2		
Name:		
Address:		
City:	State:	Zip:
Percentage of Ownership:	Social Security #:	

DIRECTOR 1		
Name:		
Address:		

City:	State:	Zip:
DIRECTOR 2		
Name:		
Address:		
City:	State:	Zip:
OFFICERS		
President:	Vice President:	

Treasurer:

Secretary:

NOTES AND/OR COMMENTS