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ORDER FORM. . . . *FILING & KIT LIMITED COMPANY*

LAW FIRM _____

ADDRESS _____

TELEPHONE _____ FAX _____

DATE _____ ORDERED BY _____ E-MAIL _____

COMPLETE FOR FILING ARTICLES OF ORGANIZATION

PLEASE FILE THE LIMITED COMPANY LISTED BELOW • PLEASE HAVE THE ARTICLES RETURNED BY OVERNIGHT DELIVERY YES NO

CERTIFIED ARTICLES UNCERTIFIED ARTICLES CGS (CERT. GOOD STANDING)

NAME OF LIMITED COMPANY 1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

LIMITED COMPANY ADDRESS _____

LIST MEMBER(S) NAME(S) AND ADDRESS(ES) (1 MINIMUMNO POST OFFICE BOXES)

NAME _____ MANAGING MEMBER YES NO

ADDRESS _____

NAME _____ MANAGING MEMBER YES NO

ADDRESS _____

NAME _____ MANAGING MEMBER YES NO

ADDRESS _____

NAME _____ MANAGING MEMBER YES NO

ADDRESS _____

PLEASE ORDER A LIMITED COMPANY KIT

CARRYALL LIMITED COMPANY KIT WITH IMPRESSION SEAL

CARRYALL LIMITED COMPANY KIT WITH STAMP

DELUXE LIMITED COMPANY KIT WITH IMPRESSION SEAL

DELUXE LIMITED COMPANY KIT WITH STAMP

ECONOCORP™ LIMITED COMPANY KIT WITH STAMP

INCLUDE PRINTED MINUTES (FILL IN THE BLANKS)

BLANK MINUTES (BLANK PAGES)

Thank You For Your Order