



Kevork Adanas, P.C. New Jersey Non-Profit Corporation Easy-Fax Order Form
Print this form and Fax to (201) 592-9198 or Email it to info@adanaslaw.com

Date: _____ How did you first hear about us? _____

Your name: _____ Email address: _____

Your phone number: _____ Your fax number: _____

Your address: _____

CORPORATE NAME: (Must end with Incorporated, Corporation, Company, Inc., Corp., or Co.)

1st choice: _____

2nd choice: _____

3rd choice: _____

CORPORATE ADDRESS: _____

MAILING ADDRESS: _____

REGISTERED AGENT AND OFFICE: _____

PURPOSE: _____

MEMBERS: (Must be at least 18 years of age; Must provide full name)

Name **Address**

1. _____

2. _____

3. _____

DIRECTORS: (Must have at least 3 over 18 years of age; Must provide full name)

Name **Social Security Number** **Address**

1. _____

2. _____

3. _____

OFFICERS: (Must be at least 18 years of age)

Name **Social Security Number** **Address**

1. President _____

2. Vice-President _____

3. Secretary _____

4. Treasurer _____

Summary of Services:

Selection of Services:

New Jersey Non-Profit Standard Package: \$500.00 _____

(Includes Certificate of Incorporation, Company Kit, Minutes, Bylaws, Membership Certificates, EIN, Seal and 4 Day Expedited Service)

New Jersey Non- Profit Corporation Gold Package: \$750.00 _____

(Includes Certificate of Incorporation, Company Kit, Minutes, Bylaws, Membership Certificates, EIN, Seal, State 501(c)(3) Compliance and 2 Day Expedited Service)

IRS 501 (c)(3) Application: \$1500.00 _____

Registered Agent Service: \$150.00 _____

Mail Forwarding Service: \$175.00 _____
(6 months @ \$25 per month plus \$25 postage deposit)

Use of Office Address: \$50.00 _____

SUB TOTAL _____

Fedex Shipping:

Regular Ground Track \$15.00 _____

Overnight \$35.00 _____

2 Day Service: \$175.00 _____

TOTAL CHARGES: US\$ _____

Add \$10 to above fees for shipping outside of New Jersey

Charge My Credit Card Below or Click the Button Below To Pay:

___ Visa ___ Master Card ___ American Express ___ Discover ___ Paypal(orders@adanaslaw.com)

Card # _____ Exp. Date: _____ Card Code _____)

Name on Credit Card: _____ Signature: _____

Billing Address: _____

City, State, Zip Code _____

****Please note that filing fees are additional and are additional to the legal fee set forth above. These costs are passed onto our clients as disbursements without markups or premiums.****