

**POSTAL MAIL ORDER FORM**

**BY MAIL ORDER**

**(Personal Check or Money order only):**

Print this 2 page form, Fill in all appropriate fields, sign, and mail to the address given above.  
Checks/Money Orders are to be drawn/sent in favor of "Nicholas C.Waggoner"

**IMPORTANT:**

- 1) Please enclose your check or money order in the amount of \$ 50.00 which includes shipping and handling and the Florida State sales tax.
- 2) There is an additional \$87.50 filing fee charged by the State of Florida.
- 3) Sorry, No C.O.D. Orders are accepted.

**CHOICE OF CORPORATE NAMES: (ALL 3 REQUIRED)**

Choice 1	<input type="text"/>
Choice 2	<input type="text"/>
Choice 3	<input type="text"/>

**CORPORATION ADDRESS: (ALL INFORMATION REQUIRED)**

Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>
Phone Number	<input type="text"/>
Email ID	<input type="text"/>

**CORPORATION OFFICERS: (PLEASE INCLUDE FULL NAME, ADDRESS & PHONE)**

President (Required)	<input type="text"/>
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Vice President (Optional)

Secretary (Required)

Treasurer (Required)

**STOCK HOLDERS: (THERE MUST BE AT LEAST 1 AND TOTAL SHARES % EQUAL TO 100%)**

Name   % of Shares

Name   % of Shares

Name   % of Shares

Name   % of Shares

**REGISTERED AGENT: MAY BE ANY STOCK HOLDER (REQUIRED INFORMATION)**

**PLEASE "TICK" THE APPROPRIATE PAYMENT OPTION BOX**

CORPORATION KIT ..... \$50.00

**\*\* THERE IS AN ADDITIONAL \$87.50 FILING FEE CHARGED BY THE STATE OF FLORIDA. PLEASE ADD IF APPLICABLE.**

**MAIL ORDERS (CHECK OR MONEY ORDER)**

I HAVE ENCLOSED PAYMENT BY CHECK

I HAVE ENCLOSED PAYMENT BY MONEY ORDER

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_