



Phone: 800-600-2155  
Fax: 866-651-5145  
Email: cc@unitedcrs.com

4211 Capital Circle NW  
Tallahassee, FL 32303  
www.UnitedCRS.com

**REGISTERED AGENT SERVICES (ANNUAL CONTRACT)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Valued Client:

This letter shall serve as an agreement between United CRS (Consultant) and \_\_\_\_\_, (Client) for consultation services in relation to filing the necessary documentation with the Florida Division of Corporations in order to secure and register a corporation with a registered agent in the state of Florida.

The Client agrees to pay the Consultant a sum equal to One time fee of one hundred twenty five dollars (\$125.00) setup fee plus your first year of registered agent fees of two hundred and fifty dollars (\$250.00) and then followed by two hundred fifty dollars (\$250.00) per year as long as registered agent record exist even if your company is inactive, said sum due and payable not later than seven (7) days after acceptance of this contract and (365) days Thereafter until contract is terminated in writing.

The consultation fee does not include any associated fees for the application process nor certified copies that may need to be mailed to the client thereafter which will be at a flat fee rate of (\$25.00) per occurrence which will consist of postage and handling fees.

We will hand deliver your Corporation or LLC Documents to the Department of State. The Department of State does not take Credit Card Payments for this service, United CRS will provide as a courtesy to charge your credit card the state fee plus 4.2% and we will issue Division of Corporations a check in the amount of (\$87.50 corp or \$160.00 llc) on your behalf. The yearly registered agent fee and setup fee both subject to 4.2% processing fee.

*Limited Liability:* With regard to the services performed by the Consultant pursuant to the terms of the agreement, the Consultant shall not be liable to the Client, or to anyone who may claim any right due to his or her relationship with the Client, for any acts or omissions in the performance of said services on the part of the Consultant, except when said acts or omissions of the Consultant are due to the Consultant's willful misconduct. The Client shall hold the Consultant free and harmless from any obligations, costs, claims, judgments, attorneys' fees, and attachments arising from or growing out of the services rendered to the Client pursuant to the terms of this agreement or in any way connected with the rendering of said services, except when the same shall arise due to the Consultant's willful misconduct by a court of competent jurisdiction.

If the terms of this agreement meet with your acceptance, please signify same by signing below in the space provided and return a copy of this for my files. It's your duty to inform United CRS of any changes to phone numbers, addresses, or any pertinent contact information throughout the year.

Sincerely,

*James L. Davis Jr.*

James Davis 1st United CRS

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FAX COMPLETED APPLICATION TO 866-651-5145  
OR SCAN AND EMAIL TO [CC@UNITEDCRS.COM](mailto:cc@unitedcrs.com)**



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### Payment Authorization

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Email: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Payment Type: Check:  **1<sup>st</sup> United CRS, LLC** **\*THIS SLOWS DOWN PROCESS\***  
**4211 Capital Circle NW**  
**Tallahassee, FL 32303**

Credit Card:  Allow 1<sup>st</sup> United CRS, LLC to Debit Your Credit Card **\*FASTEST\***

**CREDIT CARD INFO ONLY PAST THIS POINT**  
**Credit Card Charge Backs WILL Be Charged a \$35.00 Fee.**

Type of Credit Card: Visa  Discover  Master Card  Amex

Credit Card Number: \_\_\_\_\_

Card Verification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(Master Card / Visa - final 3-digit number on back of card)  
(American Express - 4-digit number printed after and to the right of the card number on the front of your card)

Name on Credit Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

If box is checked by signing this form your authorizing 1<sup>st</sup> United CRS, LLC. to debit your credit card for the contract amount of **\$250.00+ 4.2% processing fee yearly. \*Registered Agents Auto Bill Yearly\***

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Friendly Reminders:

1<sup>st</sup> United CRS, LLC is not responsible for the state annual report and will not be held responsible if client does not pay annual fees to the state which are due on May 1st of each year. **\*\$400 PENALTY FOR LATE FILING\***

**DBPR License Certified Renewals Are Due on August 31<sup>st</sup> of even years (16, 18, 20, 22 – THIS NEVER CHANGES)**

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