

[Date]

[Client Name]

[Client Address]

[City, State, Zip Code]

Re: Engagement for C-Corporation Incorporation and Structuring

Dear [Client Name],

This letter confirms the terms upon which [Law Firm/Consultancy Name] will provide legal and advisory services regarding the formation and structuring of [Proposed Company Name], a C-Corporation to be organized under the laws of the State of [State].

1. Scope of Services

The services to be provided include:

- Preparation and filing of the Articles of Incorporation.
- Drafting of Corporate Bylaws.
- Preparation of Initial Organizational Minutes and Board Resolutions.
- Application for Federal Employer Identification Number (EIN).
- Preparation of Common Stock Purchase Agreements and Issuance of Stock Certificates.
- Advice regarding initial capital structure and vesting schedules.

2. Fees and Costs

Our fee for these services is [Fixed Fee Amount] or [Hourly Rate]. In addition to professional fees, you agree to reimburse us for out-of-pocket expenses, including state filing fees, courier charges, and administrative costs. An initial retainer of [Retainer Amount] is required before work commences.

3. Client Responsibilities

You agree to provide all necessary information regarding shareholders, directors, and officers in a timely manner. We will rely on the accuracy of the information provided without independent verification.

4. Limitations of Engagement

This engagement is limited to the formation of the entity. Unless otherwise agreed in writing, we are not providing ongoing tax advice, employment law compliance, or intellectual property filings beyond the initial setup.

5. Termination

Either party may terminate this engagement at any time upon written notice. You remain responsible for all fees and expenses incurred up to the date of termination.

Please indicate your acceptance of these terms by signing and returning a copy of this letter.

Sincerely,

[Name of Lead Professional]

[Title]

[Firm Name]

Accepted and Agreed:

Signature: _____

Name: [Client Name]

Date: _____