



Dr. Roberta Jones, Inc.

501 Nonprofit Services

Name _____

Agreement: In return for your payment for this service agreement and subject to its terms, you will be provided with the following **completed forms, guaranteeing your 501c3 status.**

- ❑ State Nonprofit Certificate of Incorporation Articles/Charter (filing fees are the purchaser’s responsibility)
- ❑ SS-4 Application for Employer Identification Number
- ❑ Department of the Treasury Internal Revenue Service Application for Recognition of Exemption Under 501c3. Form 1023 for nonprofit Religious and/or Community Development Corporation (C.D.C.) (filing fees are purchaser’s responsibility).

Check Services	Name of Entity	AMOUNT
	501C3 CHARITABLE COMMUNITY DEVELOPMENT	\$2,500
	501C3 CALIFORNIA BIDDER	\$3,500
	501C4 FOUNDATION	\$3200
	501C2 TITLE HOLDING	\$3200

AMOUNT	\$	PAID		BALANCE DUE:	
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Dr. Roberta Jones, Inc.

CUSTOMER PROFILE

FULL LEGAL NAME OF ORGANIZATION		
MAILING ADDRESS		
CITY	STATE	ZIP
COUNTY	CONTACT PHONE:	
EMAIL ADDRESS		

1ST INCORPORATOR NAME		
HOME ADDRESS		
CITY	STATE	ZIP CODE

WHAT DO YOU WANT TO DO?
SOCIAL SECURITY:



Dr. Roberta Jones, Inc.

PART V - (1a) List the names, titles and mailing addresses of all of your officers, directors, and trustees.

Name	Title	Mailing Address	Compensation Amount
	CEO-BOARD MEMBER		NONE
	BOARD MEMBER		NONE
	BOARD MEMBER		NONE
	BOARD MEMBER		NONE
	BOARD MEMBER		NONE



Dr. Roberta Jones, Inc.

SERVICE AGREEMENT

Name	
Address	
City, State, Zip	
Email Address	
Telephone	

This agreement gives the purchaser specific legal rights. The liability of Dr. Roberta Jones shall in no event exceed the actual cash value of the purchaser's cost of service. No Refunds. All claims for breach-of-agreement on the seller's part are subject to deductibility for completed parts.

Make Checks Payable to: DR. ROBERTA JONES
30799 PINETREE ROAD,
SUITE 205
CLEVELAND, OHIO 44124
216-765-1988
WWW.ROBERTAJONES.ORG
ZELLE: DRJONESMI@AOL.COM
\$DRROBERTAJONES CASHAP
SQUARE: DRJONESMI@AOL.COM

CLIENT'S SIGNATURE

Dr. Roberta Jones

DR. JONES. INC. SIGNATURE

DATE _____