

**DOMESTIC
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY**

(Check box only if applicable)

- ☐ This is a professional limited liability company formed pursuant to 31 MRSA §611 and 13 MRSA Chapter 22.

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §622, the undersigned adopt(s) the following articles of organization:

FIRST: The name of the limited liability company is

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC"; §603.1.A.)

SECOND: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: ("X" one box only)

- ☐ A. The management of the company is vested in a member or members.
- ☐ B. 1. The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.
2. If the initial managers have been selected, the name and business, residence or mailing address of each **manager is:**

NAME

ADDRESS

- ☐ Names and addresses of additional managers are attached hereto as Exhibit ____, and made a part hereof.

FOURTH: Other provisions of these articles, if any, that the members determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

ORGANIZER(S)*

DATED _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Organizer(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLLC-18 (§607.2.).

The undersigned hereby accepts the appointment as registered agent for the above named limited liability company.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Articles **MUST** be signed by

- (1) **all organizers OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**