

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

Entity Number

**Certificate of Organization  
Domestic Limited Liability Company**  
(15 Pa.C.S. § 8913)

Name

Address

City

State

Zip Code

**Document will be returned to the  
name and address you enter to  
the left.**



Fee: \$100

Filed in the Department of State on \_\_\_\_\_

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

\_\_\_\_\_

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street

City

State

Zip

County

(b) Name of Commercial Registered Office Provider

County

c/o:

\_\_\_\_\_

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: \_\_\_\_\_.  
month date year hour, if any

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):

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

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)  
signed this Certificate of Organization this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) One copy of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.