

**Articles of
Organization**

Filing fee: \$_____

**Limited-Liability Company
(PURSUANT TO NRS 86)
STATE OF NEVADA
Secretary of State**

(For Office Use Only) _____

(For Office Use Only) _____

IMPORTANT: Read instructions on reverse side before completing this form.
TYPE OR PRINT (BLACK INK ONLY)

1. Name of Limited Liability Company:

2. Dissolution Date (latest date upon which the company is to dissolve): _____

3. Resident Agent: (designated resident agent and the STREET ADDRESS in Nevada where process may be served)

Name of Resident Agent:

Street Address: _____

Street No.

Street Name

City

Zip

Mailing Address (if different):

4. Right of remaining members of the company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the company:

_____YES _____NO

5. Management: The company shall be managed by manager(s) OR members

Names and addresses of manager(s) or members: (attach additional pages if necessary)

1.

2.

If managed by members, members may contract debts on behalf of the company

_____YES _____NO

6. Other matters: This form includes the minimal statutory requirements to organize under NRS 86. Please attach any other information deemed appropriate. Number of pages attached .

7. Signature of organizer(s): The name(s) and address(es) of the organizer(s) executing the articles:

(Signatures must be notarized) (Attach additional pages if there are more than two organizers.)

Name (print)

Name (print)

Address City/State/Zip

Address City/State/Zip

Signature Date

Signature Date

**This instrument was acknowledged
before me on**

**This instrument was acknowledged
before me on**

_____, _____, by

_____, _____, by

Name of Person

Name of Person

as organizer

as organizer

of _____

of _____

**(name of party on behalf of whom
instrument was executed)**

**(name of party on behalf of whom
instrument was executed)**

Notary Public Signature

(affix notary stamp or seal)

Notary Public Signature

(affix notary stamp or seal)

**8. Certificate of acceptance of appointment of resident agent: I, _____
hereby accept appointment as resident agent for the above named limited-
liability company.**

Signature of resident agent

Date

LIMITED COMPANY or LIMITED or the abbreviations L.L.C., L.C., LLC OR LC. The word "company" may also be abbreviated.

The name may not be the same as or deceptively similar to the name of a limited-liability company, limited partnership, limited-liability partnership, or corporation already on file in this office. A name may be reserved (if available) at the Office of the Secretary of State. For details or to check for availability you may call (702) 687-5203 or write to the Secretary of State, Capitol Complex, Carson City, NV., 89710.

2. State the latest date upon which the company is to dissolve.
3. Indicate the name and street address in Nevada of the resident agent for service of process. The resident agent must reside or be located in this state. The mailing address must be included if different from the physical address.
4. Indicate the right, if given, of the remaining members of the company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in the company.
5. State any other provision, which the members elect to set out in the articles of organization for the regulation of the internal affairs of the company, including any provisions which under NRS Chapter 86 are required or permitted to be set out in the operating agreement of the company.
6. Limited-liability companies may be managed by either a manager(s) or by its members. If the management of a limited-liability company is reserved to the members, they must be listed and the rights stated, if any, of the members to contract debts on behalf of the company. The articles must list the names and addresses of one or more managers, or if there are no managers, two or more members. Please use letter size white paper to list additional managers or members.
7. One or more persons may organize a limited-liability company. Indicate the names and addresses of the organizer(s) executing the articles. Remember that organizer's signatures must be acknowledged.
8. Resident agent needs to sign certificate of acceptance to serve as agent for the limited liability company.

****IMPORTANT****

Copies: You must send in the number of copies you would like certified and returned to you in addition to the original articles to be filed. NRS 86.241 requires that a copy of the articles be kept in the records office of the company.

Fees: \$_____ filing fee and \$10.00 for each certification.

Filing may be made at the Office of the Secretary of State in the State Capitol building or by mail to:

Secretary of State
Limited-Liability Company Division
Capitol Complex
Carson City, Nevada 89710
(702) 687-5203 (3/96)

CERTIFICATE OF ACCEPTANCE OF APPOINTMENT
BY AGENT FOR SERVICE OF PROCESS
FOR LIMITED LIABILITY COMPANY

IN THE MATTER OF _____

Name of Limited Liability Company

I, _____, hereby certify that on the _____ day of _____, 199—, I accepted the appointment as Agent for Service of Process of the above entitled limited liability company in accordance with CHAPTER 86 of the Nevada Revised Statutes.

FURTHERMORE, that the office for the agent of service of process in this state is located at _____ Street, Suite or Room _____, Town of _____.
County of _____, State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 199—

Agent for Service of Process

FILE WITH SECRETARY OF STATE