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 Secretary of State
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Articles of Organization Professional Limited-Liability Company

(PURSUANT TO NRS CHAPTERS 86 AND 89)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Professional Limited-Liability Company: (see instructions)	
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ <div style="text-align: right; font-size: small;">Name</div> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)
3. Name and Address of the Original Members and Managers: (see instructions) IMPORTANT: a) A certificate from the regulatory board showing that each individual is licensed at the time of filing with this office must be presented with this form. b) Each Organizer, Manager and Member must be a licensed professional.	Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity _____ <div style="display: flex; justify-content: space-between;"> Street Address City Nevada Zip Code </div> <hr/> <div style="display: flex; justify-content: space-between;"> Mailing Address (if different from street address) City Nevada Zip Code </div> 1) _____ <div style="text-align: right; font-size: small;">Name</div> <div style="display: flex; justify-content: space-between;"> Street Address City State Zip Code </div> 2) _____ <div style="text-align: right; font-size: small;">Name</div> <div style="display: flex; justify-content: space-between;"> Street Address City State Zip Code </div> 3) _____ <div style="text-align: right; font-size: small;">Name</div> <div style="display: flex; justify-content: space-between;"> Street Address City State Zip Code </div>
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <div style="text-align: center; font-size: small;">(check only one box)</div>
5. Profession to be Practiced: (see instructions)	
6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.
7. Certificate of Acceptance of Appointment of Registered Agent:	<div style="display: flex; justify-content: space-between;"> Name X </div> <div style="text-align: right; font-weight: bold;">Organizer Signature</div> <div style="display: flex; justify-content: space-between;"> Address City State Zip Code </div> <i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <div style="display: flex; justify-content: space-between;"> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date </div>

This form must be accompanied by appropriate fees.