



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

| | | |
|---|---|--|
| 1. Name of Limited-Liability Company: (must contain approved limited-liability company wording; see instructions) | <input style="width: 100%; height: 40px;" type="text"/> | Check box if a Series Limited-Liability Company <input type="checkbox"/> Check box if a Restricted Limited-Liability Company <input type="checkbox"/> |
| 2. Registered Agent for Service of Process: (check only one box) | <input type="checkbox"/> Commercial Registered Agent: <input style="width: 80%;" type="text"/> <small style="margin-left: 400px;">Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) | |
| Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity | | |
| <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> Nevada <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Street Address</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">Zip Code</small> | | |
| <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> Nevada <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Mailing Address (if different from street address)</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">Zip Code</small> | | |
| 3. Dissolution Date: (optional) | Latest date upon which the company is to dissolve (if existence is not perpetual): <input style="width: 80%;" type="text"/> | |
| 4. Management: (required) | Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <small style="margin-left: 150px;">(check only one box)</small> | |
| 5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3) | 1) <input style="width: 80%;" type="text"/> <small style="margin-left: 10px;">Name</small> <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Street Address</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 150px;">Zip Code</small> | |
| 2) <input style="width: 80%;" type="text"/> <small style="margin-left: 10px;">Name</small> <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Street Address</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 150px;">Zip Code</small> | | |
| 3) <input style="width: 80%;" type="text"/> <small style="margin-left: 10px;">Name</small> <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Street Address</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 150px;">Zip Code</small> | | |
| 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. | |
| <input style="width: 50%; border: none;" type="text"/> X <small style="margin-left: 10px;">Name</small> <small style="margin-left: 150px;">Organizer Signature</small> | | |
| <input style="width: 50%; border: none;" type="text"/> <input style="width: 15%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <input style="width: 10%; border: none;" type="text"/> <small style="margin-left: 10px;">Address</small> <small style="margin-left: 150px;">City</small> <small style="margin-left: 150px;">State</small> <small style="margin-left: 150px;">Zip Code</small> | | |
| 7. Certificate of Acceptance of Appointment of Registered Agent: | <i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <small style="margin-left: 10px;">Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> <small style="margin-left: 150px;">Date</small> | |