



BARBARA K. CEGAVSKE
 Secretary of State
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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: 95%;" type="text"/>	Check box if a Series Limited-Liability Company <input type="checkbox"/>	Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
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2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input style="width: 90%;" type="text"/> <small style="margin-left: 350px;">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)
	<input style="width: 98%;" type="text"/> <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small>
	<input style="width: 50%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> <small>Street Address City State Zip Code</small>
	<input style="width: 50%;" type="text"/> Nevada <input style="width: 10%;" type="text"/> <small>Mailing Address (if different from street address) City State 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"/>
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4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <small>(check only one box)</small>
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5. Name and Address of each Manager or Managing Member: (attach additional page if more than 3)	1) <input style="width: 95%;" type="text"/> <small>Name</small> <input style="width: 50%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <small>Street Address City State Zip Code</small>
	2) <input style="width: 95%;" type="text"/> <small>Name</small> <input style="width: 50%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <small>Street Address City State Zip Code</small>
	3) <input style="width: 95%;" type="text"/> <small>Name</small> <input style="width: 50%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <small>Street Address City State 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%;" type="text"/> X <small>Name Organizer Signature</small>
	<input style="width: 50%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> <small>Address City State 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>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small>
	<input style="width: 150px;" type="text"/> <small>Date</small>