



Phone: (503) 986-2200
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Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

REGISTRY NUMBER: _____

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, **all information on this form is publicly available, including addresses.**

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME OF LIMITED LIABILITY COMPANY** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

2) **DURATION** (Please check one.)

Latest date upon which the Limited Liability Company is to dissolve is _____

Duration shall be perpetual.

3) **NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)**

4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

6) **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)**

7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

8) **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.**

9) **OPTIONAL PROVISIONS** (Attach a separate sheet if necessary.)

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) **OWNERS (MEMBERS)** (Names and Street address)

11) **MANAGERS (MANAGERS)** (Names and Street address)

12) **EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)** (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature

Printed Name

Title

Organizer

Organizer

Organizer

Organizer

13) **CONTACT NAME** (To resolve questions with this filing.)

DAYTIME PHONE NUMBER (Include area code.)

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.