



**ARTICLES OF ORGANIZATION
DOMESTIC MASTER LIMITED LIABILITY COMPANY**

State Form 56269 (R5 / 05-24)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8 ½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-18.1-6-1
23-0.5-9-24

FILING FEE: \$250.00

ARTICLES OF ORGANIZATION

The undersigned, desiring to form a Master Limited Liability Company (*hereinafter referred to as "Master LLC"*) pursuant to the provisions of the Indiana Business Flexibility Act and Indiana Code 23-18.1, executes the following Articles of Organization.

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of LLC (*The name must include the words Limited Liability Company-S, L.L.C.-S, or LLC-S.*)

Address of Principal Office (*number and street*)

City

State

ZIP code

ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent

Name of registered agent (*Do not provide address.*)

OR

Noncommercial registered agent

Name of registered agent

Address (*number and street*) (*A P.O. Box is not acceptable unless accompanied by a Rural Route number.*)

City

State
IN

ZIP code

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in the Articles of Organization - Domestic Master Limited Liability Company has consented to the appointment of Registered Agent.

ARTICLE III – DISSOLUTION

The Master LLC is perpetual until dissolution.

OR

The latest date upon which the Master LLC is to dissolve (*month, day, year*): _____

ARTICLE IV – MANAGEMENT

The Master LLC will be managed by its manager or managers. Yes No

The Master LLC will be a single member LLC (*optional*).

ARTICLE V – AUTHORITY TO DESIGNATE SERIES

The Master LLC is authorized to designate one or more Series.

ARTICLE VI – SIGNATURE

In Witness Whereof, the undersigned executes these Articles of Organization and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name

This instrument was prepared by (*name*):