



ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

State Form 49459 (R12 / 01-26)

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 8½" 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 23-18-2-4
23-0.5-9-19

FILING FEE: \$100.00

ARTICLES OF ORGANIZATION

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

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of LLC (*The name must include the words Limited Liability Company or an abbreviation thereof.*)

☐ All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

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*)

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 has consented to the appointment of Registered Agent.

ARTICLE III – DISSOLUTION

☐ The LLC is perpetual until dissolution.

OR

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

ARTICLE IV – MANAGEMENT

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

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

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

Title