



ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

State Form 49459 (R12 / 01-26)

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.

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

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)	





ARTICLES OF ORGANIZATION DOMESTIC LIMITED LIABILITY COMPANY

State Form 49459 (R12 / 01-26)

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 (<i>number and street</i>)	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.

<input type="checkbox"/> Commercial registered agent	Name of registered agent (<i>Do not provide address.</i>)
--	---

OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
---	--------------------------

Address (<i>number and street</i>)	City	State	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