

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

State Form 56269 (R6 / 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](http://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](http://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)





# ARTICLES OF ORGANIZATION DOMESTIC MASTER LIMITED LIABILITY COMPANY

State Form 56269 (R6 / 01-26)

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.*)

☐ 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](http://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*):