



ARTICLES OF ORGANIZATION DOMESTIC MASTER LIMITED LIABILITY COMPANY

State Form 56269 (R6 / 01-26)

INSTRUCTIONS:

1. Use 8 1/2" 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 (<i>If different from above – SOS use only</i>)	





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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 (<i>number and street</i>)	City	State	ZIP code
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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>)
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OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address (<i>number and street</i>) (<i>A P.O. Box is not acceptable unless accompanied by a Rural Route number.</i>)	City	State	ZIP code
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(*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

<input type="checkbox"/> The Master LLC is perpetual until dissolution.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OR		
<input type="checkbox"/> The latest date upon which the Master LLC is to dissolve (<i>month, day, year</i>): _____		

ARTICLE IV – MANAGEMENT

The Master LLC will be managed by its manager or managers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> The Master LLC will be a single member LLC (<i>optional</i>).		

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
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This instrument was prepared by (*name*):