



**ARTICLES OF ORGANIZATION  
DOMESTIC LIMITED LIABILITY COMPANY**

State Form 49459 (R11 / 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](http://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](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)	





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State Form 49459 (R11 / 05-24)

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.*)

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.*

<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 (*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 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