



**ARTICLES OF ORGANIZATION  
DOMESTIC LIMITED LIABILITY COMPANY**

State Form 49459 (R7 / 8-17)  
Approved by State Board of Accounts, 2017

**SECRETARY OF STATE  
BUSINESS SERVICES DIVISION**  
302 West Washington Street, Room E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576  
[www.sos.in.gov](http://www.sos.in.gov)

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
  2. Please **TYPE** or **PRINT** in **INK**.
  3. Please visit our office at [www.sos.IN.gov](http://www.sos.IN.gov)
  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.*)

Address of Principal Office ( <i>number and street</i> )	City	State	ZIP code
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**ARTICLE II – REGISTERED AGENT INFORMATION**

The registered agent for the entity is a: (*select one*)

Commercial registered agent       Noncommercial registered agent

Name of registered agent

*If the registered agent is a noncommercial registered agent, please provide the address of the registered agent.*

Number and street	City	State <b>IN</b>	ZIP code
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*The following information is required for both a commercial registered agent and a noncommercial registered agent.*

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
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