



ROSS MILLER
 Secretary of State
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Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited-Liability Company: <small>(must contain approved limited-liability company wording; see instructions)</small>	<input style="width: 100%;" type="text"/> <div style="text-align: right; font-size: small;">Check box if a Series Limited-Liability Company <input type="checkbox"/></div>																																				
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input style="width: 80%;" type="text"/> <small style="margin-left: 100px;">Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <input style="width: 100%;" type="text"/> <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Nevada</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Zip Code</td> </tr> <tr> <td>Street Address</td> <td></td> <td>City</td> <td></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td></td> <td><input style="width: 95%;" type="text"/></td> <td></td> </tr> <tr> <td>Mailing Address (if different from street address)</td> <td></td> <td>City</td> <td>Zip Code</td> </tr> </table>	<input style="width: 95%;" type="text"/>	Nevada	<input style="width: 95%;" type="text"/>	Zip Code	Street Address		City		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		Mailing Address (if different from street address)		City	Zip Code																				
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3. Dissolution Date: (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): <input style="width: 80%;" type="text"/>																																				
4. Management: (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) OR <input type="checkbox"/> Member(s) <small style="margin-left: 100px;">(check only one box)</small>																																				
5. Name and Address of each Manager or Managing Member: <small>(attach additional page if more than 3)</small>	1) <input style="width: 95%;" type="text"/> <small style="margin-left: 10px;">Name</small> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">City</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">State</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Zip Code</td> </tr> <tr> <td>Street Address</td> <td></td> <td>City</td> <td></td> <td>State</td> <td>Zip Code</td> </tr> </table> 2) <input style="width: 95%;" type="text"/> <small style="margin-left: 10px;">Name</small> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">City</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">State</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Zip Code</td> </tr> <tr> <td>Street Address</td> <td></td> <td>City</td> <td></td> <td>State</td> <td>Zip Code</td> </tr> </table> 3) <input style="width: 95%;" type="text"/> <small style="margin-left: 10px;">Name</small> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">City</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">State</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Zip Code</td> </tr> <tr> <td>Street Address</td> <td></td> <td>City</td> <td></td> <td>State</td> <td>Zip Code</td> </tr> </table>	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip Code	Street Address		City		State	Zip Code	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip Code	Street Address		City		State	Zip Code	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>	Zip Code	Street Address		City		State	Zip Code
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6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)	<table style="width: 100%; font-size: small;"> <tr> <td style="width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="width: 10%; text-align: center;">Organizer Signature</td> </tr> <tr> <td>Name</td> <td></td> <td><input style="width: 95%;" type="text"/></td> <td></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td></td> <td><input style="width: 95%;" type="text"/></td> <td></td> </tr> <tr> <td>Address</td> <td></td> <td>City</td> <td>State Zip Code</td> </tr> </table>	<input style="width: 95%;" type="text"/>	X	<input style="width: 95%;" type="text"/>	Organizer Signature	Name		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		Address		City	State Zip Code																				
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7. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X _____ <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> <input style="width: 150px;" type="text"/> <small style="margin-left: 100px;">Date</small>																																				