



Articles of Organization - Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - <http://www.FilingInOregon.com> - Phone: (503) 986-2200

REGISTRY NUMBER: _____

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black** ink. Attach Additional Sheet if Necessary.

1. **NAME OF LIMITED LIABILITY COMPANY:** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

2. **DURATION:** (Please check one.)

☐ Duration shall be perpetual.

☐ Latest date upon which the Limited Liability Company
is to dissolve is _____

3. **REGISTERED AGENT:** (Individual or entity that will accept legal service
for this business)

4. **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:**

Must be an Oregon Street Address, which is identical to the
registered agent's office.)

5. **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

6. **NAME AND ADDRESS OF EACH PERSON WHO IS FORMING
THIS BUSINESS: (ORGANIZER)**

7. **HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?**

☐ This LLC will be member-managed by one or more members.

☐ This LLC will be manager-managed by one or more managers.

8. **IF RENDERING A LICENSED PROFESSIONAL SERVICE OR
SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:**

9. **OPTIONAL PROVISIONS:** (Attach a separate sheet if necessary.)

☐ **BENEFIT COMPANY:** The Limited Liability Company is a benefit
company subject to sections 1 to 11 of chapter 269, Oregon Laws 2013.
([additional requirements apply](#))

☐ **INDEMNIFICATION:** The company elects to indemnify its
members, managers, employees, agents for liability and related
expenses under ORS 63.160 - 63.170.

☐ **SEE ATTACHED**

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10. **OWNERS: (MEMBERS)** (Names and Street address)

11. **MANAGERS: (MANAGERS)** (Names and Street address)

12. **EXECUTION:** By my signature, I declare as an authorized signer, that this filing has been examined by me and is, to the best of my knowledge and belief,
true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

SIGNATURE:

PRINTED NAME:

TITLE:

CONTACT NAME: (To resolve questions with this filing)

PHONE NUMBER: (Include area code)

FEES

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division".

Free copies are available at FilingInOregon.com using the Business Name Search program.