



Phone: (503) 986-2200  
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**Articles of Organization—Limited Liability Company**

Secretary of State  
 Corporation Division  
 255 Capitol St. NE, Suite 151  
 Salem, OR 97310-1327  
 FilingInOregon.com

REGISTRY NUMBER: \_\_\_\_\_

For office use only

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** (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

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

Latest date upon which the Limited Liability Company is to dissolve is \_\_\_\_\_

Duration shall be perpetual.

3) **NAME OF THE INITIAL REGISTERED AGENT**

4) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES**

6) **NAME AND ADDRESS OF EACH ORGANIZER**

7) **IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.**

This limited liability company is managed by a single manager.

This limited liability company is managed by multiple manager(s).

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

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

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

10) **MEMBERS** (Names and Street address)

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

12) **EXECUTION/SIGNATURE** (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, 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

**FEES**

Organizer

Organizer

Organizer

Organizer

Required Processing Fee \$50  
 Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

**NOTE:**

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

13) **CONTACT NAME** (To resolve questions with this filing.)

**DAYTIME PHONE NUMBER** (Include area code.)