

STATE OF MONTANA

Prepare, sign, and submit with an original signature and filing fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

ARTICLES of ORGANIZATION for
DOMESTIC LIMITED LIABILITY COMPANY
MCA 35-8-202



MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
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Required Filing Fee: \$70.00

- 24 Hour Priority Handling check box and Add \$20.00
1 HOUR Expedite Handling check box and Add \$100.00

Executed by the undersigned for the purpose of forming a Montana Limited Liability Company.
PLEASE CHECK ONE BOX: Limited Liability Company Professional Limited Liability Company

1. The name of the limited liability company:
(Must contain "limited liability company", "limited company" or if Professional, "professional limited liability company", or an abbreviation)

2. The name and address of its registered office/agent in Montana:
Appointment of the Registered Agent is confirmation of the agent's consent.

Name:

Street Address (required):

Mailing Address (if different from street address):

City: State: MT Zip Code:

Signature of Registered Agent:

3. The business mailing address of its principal place of business:

Mailing Address:

City: State Zip Code:

4. (Check one) At Will Term If Term, the latest date on which the LLC is to dissolve:

5. The LLC will be managed by (check one) a Manager or by its Members

6. The names of the Managers or Members and business mailing addresses are (attach a list if necessary):

7. If one or more members of the company are liable for the LLC's debts and obligations under 35-8-304(3), MCA, please attach a list of liable members and written consents of each.

8. If a Professional Limited Liability Company, the services to be provided:

9. I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this document are true.

Signature of Organizer

Printed Name & Title

Date

HELP SHEET: Articles of Organization for Domestic Limited Liability Company

ITEM 1

The business name of a limited liability company must contain the words or an abbreviation of "limited liability company", "limited company", or if Professional, "professional limited liability company". ([35-8-103, MCA](#))

ITEM 7

A professional limited liability company may be formed for the purpose of rendering professional services with limited liability status. ([35-8-1301, MCA](#))

For a professional limited liability company, at least half of the managers must be qualified persons with respect to the limited liability company. ([35-8-1303, MCA](#))

ANNUAL REPORTS

Annual reports must be filed with the Secretary of State prior to April 15 each year beginning the year following the organization and each year thereafter. Each year the Secretary of State will mail a notice that the Annual Report is due to the limited liability company's registered agent.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and including an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM