



State of Utah
 Department of Commerce
 Division of Corporations & Commercial Code
 Certificate of Organization (Limited Liability Company)

Important: Read instructions before completing form

Non-Refundable Processing Fee: \$70.00

1. Name of Limited Liability Company:																			
2. Principal office address: Street Address Required PO Box can be listed after Street Address	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">Address</td> <td style="border: none; width: 10%;">City</td> <td style="border: none; width: 10%;">State</td> <td style="border: none; width: 10%;">Zip</td> </tr> </table>			Address	City	State	Zip												
Address	City	State	Zip																
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):																			
<i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i>																			
Address of the Registered Agent: _____																			
Utah Street Address Required, PO Boxes can be listed after the Street Address																			
City: _____ State UT Zip: _____																			
4. Signature of Organizer																			
Signature: _____																			
5. Name and Address of Members and/or Managers (optional):	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 10%;">1.</td> <td style="border: none; width: 60%;">Name _____</td> <td style="border: none; width: 10%;">Position _____</td> <td style="border: none; width: 10%;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Address _____</td> <td style="border: none;">City _____</td> <td style="border: none;">State Zip _____</td> </tr> <tr> <td style="border: none;">2.</td> <td style="border: none;">Name _____</td> <td style="border: none;">Position _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Address _____</td> <td style="border: none;">City _____</td> <td style="border: none;">State Zip _____</td> </tr> </table>			1.	Name _____	Position _____			Address _____	City _____	State Zip _____	2.	Name _____	Position _____			Address _____	City _____	State Zip _____
1.	Name _____	Position _____																	
	Address _____	City _____	State Zip _____																
2.	Name _____	Position _____																	
	Address _____	City _____	State Zip _____																
6. Duration (optional):	<input type="checkbox"/>	The duration of the company shall be perpetual																	
	<input type="checkbox"/>	The duration of the company shall be _____																	
7. Purpose (optional):																			
Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.																			
Optional Inclusion of Ownership Information: This information is not required.																			
Is this a female owned business? Yes No																			
Is this a minority owned business? Yes No If yes, please specify:																			