



State of Utah
 Department of Commerce
 Division of Corporations & Commercial Code
 Certificate of Organization (Professional Services 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	_____	_____	_____
	Address	City	State Zip
3. Profession Service Provided:			
4. 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: _____
5. Name and signature of Organizer (attach additional pages if needed)			
Name: _____		Signature: _____	
6. Name and Address of Members and/or Managers (required):	1. _____		_____
	Name		Position
	Address _____		City State Zip
	2. _____		_____
	Name		Position
Address _____		City State Zip	
7. Duration (optional);	<input type="checkbox"/>	The duration of the company shall be perpetual	
	<input type="checkbox"/>	The duration of the company shall be _____	
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: _____