



State of Utah  
 Department of Commerce  
 Division of Corporations & Commercial Code  
 Certificate of Organization (Low-Profit 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:<br><b>Street Address Required</b>  | _____<br><small>Address</small> <span style="float:right"><small>City</small> <small>State</small> <small>Zip</small></span> |  |                                  |                    |
| 3. This company is organized for a business purpose that satisfies, and at all times operates to satisfy each of the requirements under <a href="#">48-3a-1302(2)</a>   |  |  |                                  |                    |
| 4. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):<br>_____<br><i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i><br>Address of the Registered Agent: _____<br><span style="color:red; font-weight:bold; display: block; text-align: center;">Utah Street Address Required, PO Boxes can be listed after the Street Address</span> |  |  |                                  |                    |
| City: _____   |  | State UT Zip: _____                            |                                  |                    |
| 5. Name and signature of Organizer <b>(attach additional pages if needed)</b>   |  |  |                                  |                    |
| Name: _____   |  | Signature: _____                               |                                  |                    |
| 5. Name and Address of Members and/or Managers (optional):  | 1. _____   | _____  |                                  |                    |
|   | <small>Name</small>  | <small>Position</small>                        |                                  |                    |
|   | Address _____  | <small>City</small>                            | <small>State</small>             | <small>Zip</small> |
|   | 2. _____   | _____  |                                  |                    |
| <small>Name</small>   | <small>Position</small>  |  |                                  |                    |
| Address _____   | <small>City</small>  | <small>State</small>                           | <small>Zip</small>               |                    |
| 6. Duration (optional);   |  | The duration of the company shall be perpetual |                                  |                    |
|   |  | The duration of the company shall be _____     |                                  |                    |
| Under GRAMA {63-2-201}, 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.   |  |  |                                  |                    |
| <b>Optional Inclusion of Ownership Information: This information is not required.</b>   |  |  |                                  |                    |
| Is this a female owned business?  |  | Yes  | No                               |                    |
| Is this a minority owned business?  |  | Yes  | No If yes, please specify: _____ |                    |