



# State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is:

\_\_\_\_\_

(Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized: \_\_\_\_\_

\_\_\_\_\_

3. The name and address of the limited liability company's registered agent in Missouri is:

\_\_\_\_\_

<i>Name</i>	<i>Street Address: May not use PO Box unless street address also provided</i>	<i>City/State/Zip</i>
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4. The management of the limited liability company is vested in:     managers     members    (check one)

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: \_\_\_\_\_

\_\_\_\_\_

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):  
(Organizer(s) are not required to be member(s), manager(s) or owner(s))

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.  Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

- New Series:  
 The limited liability company gives notice that the series has limited liability.
- New Series:  
 The limited liability company gives notice that the series has limited liability.
- New Series:  
 The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

(Please see next page)

Name and address to return filed document:  Name: _____  Address: _____  City, State, and Zip Code: _____
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8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_

*(Date may not be more than 90 days after the filing date in this office)*

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**All organizers must sign:**

\_\_\_\_\_  
*Organizer Signature* *Printed Name* *Date*

\_\_\_\_\_  
*Organizer Signature* *Printed Name* *Date*

\_\_\_\_\_  
*Organizer Signature* *Printed Name* *Date*