This form must be type written or computer generated.

State of Utah

DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code
PO Box 146705
Salt Lake City UT 84114-6705
Phone: (801) 530-4849
or toll free in-state (877) 526-3994
Fax: (801) 530-6438

Non-Refundable Processing Fee: $52.00

Articles of Organization (Professional)

Important: Read instructions before completing form

Instructions

Print Form

Clear Form

1. **Name of Limited Liability Company:**	
2. **Purpose:**	
3. **Profession:**	- Select one -
4. **Registered Agent Name, Signature and Street Address:** (must be a Utah address where process may be served)	Name Street Address / City / Utah / Zip I hereby accept appointment as Registered Agent for the above named company. *Sign here after printing* Authorized Signature of R.A. or on behalf of R.A. Company / Date **The Director of the Division of Corporations shall be appointed agent of the company for service of process if the agent has resigned, the agent's authority has been revoked, or the agent cannot be found or served with the exercise of reasonable diligence.**
5. **Designated Office:** (must be a Utah street address)	☐ Street Address / City / Utah / Zip ☐ The company's registered office shall be its designated office.
6. **Organizer(s):**	The company ◯ **does** ◯ **does not** have organizers who are not members or managers of the company.
7. **Name and Address of each Organizer who is not a member or manager** (attach additional page if needed)	1. Name Address / City / State / Zip *Sign here after printing* Signature / Date 2. Name Address / City / State / Zip *Sign here after printing* Signature / Date
8. **Management:**	The company will be ◯ **manager** ◯ **member** managed. ☐ (Click button to reset section 7)
9. **Name and Address of Members/Managers:** (attach an additional page if there are more than 2 members and/or managers)	1. Name / Select Position Type / Position Address / City / State / Zip *Sign here after printing* Signature / Date 2. Name / Select Position Type / Position Address / City / State / Zip *Sign here after printing* Signature / Date
10. **Duration** (may not exceed 99 years)	☐ The duration of the company shall be _____ years. ☐ The duration date of the company shall be _____ (enter as mm/dd/yyyy)
11. **Principal Address:**	Address / City / State / Zip

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.