



**BARBARA K. CEGAVSKE**  
Secretary of State  
202 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Instructions for Formation - Limited-Liability Company

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

Please select the entity type at the top of the form that is being created and follow the instructions below applicable to the filing.

**1. NAME BEING REGISTERED IN NEVADA: NRS 86:** The name must contain the words Limited-Liability Company, Limited Company or Limited or the abbreviations Ltd., L.L.C., LLC or LC . The word "company" may also be abbreviated.

**NRS 86.544:** Enter the name under which the limited-liability company is to be registered and will be transacting business in Nevada. The name must contain the words Limited-Liability Company, Limited Company or Limited or the abbreviations L.L.C., LLC or LC . The word "company" may also be abbreviated.

**NRS 89 entities (Limited-Liability Company):** The name of a professional limited-liability company must contain the words "Professional Limited Liability Company" or the abbreviations of "Prof. L.L.C.," "Prof. LLC," "P.L.L.C.," "PLLC," or the word "Chartered," or the abbreviation "Chtd.," or the word "Limited," or the abbreviation "Ltd." The corporate name must contain the last name of one or more of its current or former members.

The name selected must be distinguishable from the names of all other artificial persons formed, organized, registered or qualified pursuant to the provisions of this title that are on file in the Office of the Secretary of State. If it appears from the name and/or purpose of the entity being formed that it is to be regulated by the Financial Institutions Division, Insurance Division, State Board of Professional Engineers and Land Surveyors, State Board of Accountancy or Real Estate Division, the application will need to be approved by the regulating agency before it is filed with the Office of the Secretary of State.

**2. FOREIGN ENTITY NAME: NRS 86.544 and 86.555:** The name of the foreign limited-liability company as of record in the home state.

**3. JURISDICTION OF FORMATION: NRS 86.544 and 86.555:** The name of the jurisdiction of its formation or the governmental acts or other instrument of authority by which the corporation was created, formation date and declare that the entity is in good standing in the jurisdiction of its formation.

**4. REGISTERED AGENT:** Persons wishing to incorporate in the State of Nevada must designate a registered agent who resides or is located in this state. Every registered agent must have a street address in this state for service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address. Registered agent must sign certificate of acceptance within section 2. If the registered agent is unable to sign the Articles of Formation, submit a separate signed Registered Agent Acceptance form.

**5. MANAGEMENT: Domestic Limited-Liability Companies only:** Limited-liability companies may be managed by one or more manager(s) or one or more member(s). Please state whether the company is managed by members or managers.

**6. MANAGERS OR MANAGING MEMBERS:** If the company is to be managed by one or more managers, the name and post office or street address, either resident or business, of each manager must be set forth. If the company is to be managed by the members, the name and post office or street address, either residence or business, of each member must be set forth. **NRS 86 and NRS 86.544:** Name and address of each Manager(s) or Managing Member(s). **NRS 89:** Professional Limited-Liability Company: State the name and address, either residence or business, of the original Manager(s) or Member(s). A certificate from the regulating board of the profession to be practiced showing that each of the members and managers, and each of the organizers who is a natural person, is licensed to practice the profession must be attached. Use a separate 8 ½ x 11 sheet as necessary for additional information.

**7. DISSOLUTION DATE:** State the latest date upon which the company is to dissolve. This provision is optional.

**8. PROFESSION TO BE PRACTICED:** The profession to be practiced is required for entities pursuant to NRS 89.

**9. SERIES AND/OR RESTRICTED:** Select if the company is a Series Limited-Liability Company, the relative rights, powers and duties of the series will be set forth in the operating agreement or a statement must be provided setting forth the relative rights, powers and duties of the series. If the company is to be a restricted limited-liability company, a statement to that effect.

**10. RECORDS OFFICE: NRS 86.544 and 86.555:** The address of the office at which is kept a list of the names and addresses of the members and their capital contributions, together with an undertaking by the foreign limited-liability company to keep those records until the registration in this state of the foreign limited-liability company is canceled or withdrawn.

**11. PRINCIPAL OFFICE ADDRESS: NRS 86.544 and 86.555:** Set forth the address of the office required to be maintained in the state of its organization by the laws of that state or, if there is no such requirement, of the principal office of the foreign limited-liability company.

**12. ORGANIZER: NRS 86:** Name, address and signature of each organizer is required. An additional 8 ½ x 11 white sheet will be necessary if more than 1 organizer. **NRS 86.544:** Indicate the name and signature of the manager or member executing the Application for Registration. **NRS 89:** Name and address of each organizer is required. Each person organizing the limited-liability company must, except as otherwise provided in subsection 2 of NRS 89.050, be authorized to perform the professional service for which the professional entity is organized. Each organizer must sign.



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ABOVE SPACE IS FOR OFFICE USE ONLY

# Formation - Limited-Liability Company

- NRS 86 - Articles of Organization Limited-Liability Company
- NRS 86.544 - Registration of Foreign Limited-Liability Company
- NRS 89 - Articles of Organization Professional Limited-Liability Company
- NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Name Being Registered in Nevada:</b> <small>(See instructions)</small>	
<b>2. Foreign Entity Name:</b> <small>(Name in home jurisdiction)</small>	
<b>3. Jurisdiction of Formation:</b> <small>(Foreign Limited-Liability Companies)</small>	<b>3a) Jurisdiction of formation:</b> <input type="text"/> <b>3b) Date formed:</b> <input type="text"/> <b>3c) I declare this entity is in good standing in the jurisdiction of its formation.</b> <input type="checkbox"/>
<b>4. Registered Agent for Service of Process*:</b> <small>(Check only one box)</small>	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title and address below) <input type="text"/> Name of Registered Agent <b>OR</b> Title of Office or Position with Entity <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
<b>4a. Certificate of Acceptance of Appointment of Registered Agent:</b>	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X _____ <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
<b>5. Management:</b> <small>(Domestic Limited-Liability Companies only)</small>	Company shall be managed by: (check one box) <input type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s)
<b>6. Name and Address of each Manager(s) or Managing Member(s):</b> <small>(NRS 86 and NRS 86.544, see instructions)</small>  <b>Name and Address of the Original Manager(s) and Member(s):</b> <small>( NRS 89, see instructions)</small>  <b>IMPORTANT:</b> A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) <input type="text"/> <input type="text"/> Name Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip/Postal Code 2) <input type="text"/> <input type="text"/> Name Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip/Postal Code 3) <input type="text"/> <input type="text"/> Name Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip/Postal Code
<b>7. Dissolution Date:</b> <small>(Domestic only)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): <input type="text"/>



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**Formation -  
 Limited-Liability Company**  
 Continued, Page 2

<b>8. Profession to be Practiced:</b> (NRS 89 only)									
<b>9. Series and/or Restricted Limited-Liability Company:</b> (Optional)	Check box if a Series Limited-Liability Company <input type="checkbox"/> Domestic Limited-Liability Company's <b>only:</b> <input type="checkbox"/> The Limited-Liability Company is a Restricted Limited-Liability Company								
<b>10 Records Office:</b> (Foreign Limited-Liability Companies)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Country</td> <td colspan="3" style="border: none;"></td> </tr> </table>	Address	City	State	Zip Code	Country			
Address	City	State	Zip Code						
Country									
<b>11. Street Address of Principal Office:</b> (Foreign Limited-Liability Companies)	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip Code</td> </tr> <tr> <td style="border: none;">Country</td> <td colspan="3" style="border: none;"></td> </tr> </table>	Address	City	State	Zip Code	Country			
Address	City	State	Zip Code						
Country									
<b>12. Name, Address and Signature of the Organizer:</b> (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)	<p>*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">Name</td> <td style="border: none;">Country</td> </tr> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip/Postal Code</td> </tr> </table> <p><b>X</b> _____ (attach additional page if necessary)</p>	Name	Country	Address	City	State	Zip/Postal Code		
Name	Country								
Address	City	State	Zip/Postal Code						
<b>Name and Signature of Manager or Member:</b> (NRS 86.544 only)  See instructions									

**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)



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# Initial List and State Business License Application

**Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)
- Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**  
 Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

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**For nonprofit entities formed under NRS Chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.  
 Exemption code 002

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**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association       Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

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**For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**  
 Does the Organization intend to solicit charitable or tax deductible contributions?

- No – no additional form is required
- Yes – the “Charitable Solicitation Registration Statement” is required.
- The Organization claims exemption pursuant to NRS 82A.210 - the “Exemption From Charitable Solicitation Registration Statement” is required

**\*\* Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



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**Initial List and State  
 Business License  
 Application - Continued**

**Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE <u>PRESIDENT</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> , OR EQUIVALENT OF:		Title: <input style="width: 150px;" type="text"/>	
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<input style="width: 600px;" type="text"/>		<input style="width: 150px;" type="text"/>	
Name		Country	
<input style="width: 400px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>
Address	City	State	Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**  
 \_\_\_\_\_  
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer** FORM WILL BE RETURNED IF UNSIGNED.

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	Date



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## Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity information:</b>	Name of represented entity: <input style="width: 100%;" type="text"/>  Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input style="width: 100%;" type="text"/>
<b>2. Registered Agent Acceptance:</b>	<input type="checkbox"/> Registered Agent Acceptance
<b>3. Information Being Changed:</b>	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)
<b>4. Registered Agent Information Before the Change:</b> (Non-commercial registered agents <b>ONLY</b> )	<input style="width: 100%;" type="text"/> Name of Registered Agent <b>OR</b> Title of Office or Position with Entity <input style="width: 100%;" type="text"/> Nevada <input style="width: 100%;" type="text"/> Street Address City Zip Code <input style="width: 100%;" type="text"/> Nevada <input style="width: 100%;" type="text"/> Mailing Address (if different from street address) City Zip Code
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b>	<input type="checkbox"/> Commercial Registered Agent:(name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input style="width: 100%;" type="text"/> Name of Registered Agent <b>OR</b> Title of Office or Position within Entity <input style="width: 100%;" type="text"/> Nevada <input style="width: 100%;" type="text"/> Street Address City Zip Code <input style="width: 100%;" type="text"/> Nevada <input style="width: 100%;" type="text"/> Mailing Address (if different from street address) City Zip Code
<b>6. Electronic Notification:</b> (Optional)	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input style="width: 100%;" type="text"/>
<b>7. Certificate of Acceptance of Appointment of Registered Agent:</b> (Required)	<p style="text-align: center;"><i>I hereby accept appointment as Registered Agent for the above named Entity.</i></p> X _____ <input style="width: 100px;" type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
<b>8. Signature of Represented Entity:</b> (Required)	X _____ <input style="width: 100px;" type="text"/> Authorized Signature On Behalf of the Entity Date

**FEE: \$60.00**

This form must be accompanied by appropriate fees.



\*230305\*



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# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested:  Regular  24-Hour Expedite (additional fee included)

Name of Entity:  Date:

Return to:

Contact Name:  Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to:   Fax to:

Hold for Pick Up  Mail to Address Above  FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account:

Use balance remaining in job #



\*230405\*



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# 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**  2-Hour Expedite (additional \$500.00 fee included)  1-Hour Expedite (additional \$1000.00 fee included)

Name of Entity:  Date:

Return to:

Contact Name:  Phone:

**Return Delivery:**

Email to:   Fax to:

Hold for Pick Up  Mail to Address Above  FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is \$2.00 per page (plus \$30.00 for each certification).

Total Amount:

**Method of Payment:**

Check/Money Order  Credit Card (attach ePayment checklist)  Trust Account:

Use balance remaining in job #





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## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

**IMPORTANT:** *To ensure expedited service, please mark “Expedite” in a conspicuous place at the top of the service request. Please indicate method of delivery.*

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**



\*230105\*



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# ePayment Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type:  Counter  Mail  Fax

Order Processing Requested: **(Expedite Processing Requires Additional Fees)**

Regular Processing  **24-HOUR** Expedite  **2-HOUR** Expedite  **1-HOUR** Expedite

## Payment by Card (card holder name and billing address required below)

Card Type:  VISA  MasterCard  Discover  American Express

Customer Credit Card Number:

V CODE\*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--

\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

Amount to Charge Card: USD \$

## Order Information (required)

Entity Name/Order Reference:

### Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

## Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
\_\_\_\_\_  
Authorized Signature

Not to Exceed Amount: USD \$



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<h2>Commercial Recordings          Copies and Certification Services          Fee Schedule</h2>
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The following is a list of copies and certification services and the associated fees for Commercial Recording and apostille/certification services. Fees are per document unless otherwise noted.

**SERVICE REQUESTED:**

Copies	\$2.00 per page
Certification of Document	\$30.00
Search	\$50.00
Certificate of Existence (evidence of good standing – short form)	\$50.00
Certificate of Existence (listing amendments – long form)	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Certificate Evidencing Name Change	\$50.00
Certificate of Fact of Merger	\$50.00
Certificate of Default	\$50.00
Certificate of Revocation	\$50.00
Certificate of Dissolution	\$50.00
Certificate of Withdrawal	\$50.00
Certificate of Cancellation	\$50.00
Certificate of Non-Existence	\$50.00
Miscellaneous Certificates	\$50.00
Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations)	\$20.00
Corporate Charter	\$50.00
Ceremonial Charter	\$100.00

**EXPEDITE SERVICE:**

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

**24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.**

Apostille	\$75.00
Copies: Per entity name	\$125.00
Certificates: Per entity name and certificate type	\$125.00
Search: Expedite fee on search only; additional expedite fee required for copies	\$125.00

**2-Hour Expedite Service: Order may be picked up or mailed within 2-hours.**

1 or more certificates (per entity name and certificate type)	\$500.00
1 or more copies (per entity name)	\$500.00

**1-Hour Expedite Service: Order may be picked up or mailed within 1-hour.**

1 or more certificates (per entity name and certificate type)	\$1000.00
1 or more copies (per entity name)	\$1000.00

**BASIC INSTRUCTIONS:**

- All orders may be submitted via email to [copies@sos.nv.gov](mailto:copies@sos.nv.gov) or in writing, with fees enclosed, to the above address. Payment by VISA, Mastercard, Discover or American Express are accepted. Trust account and credit card customers may fax expedite orders only to (775) 684-5645. Trust account orders must be received on company letterhead.
- Orders can be emailed back on most occasions. All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided or other major courier pickup arrangement is made.
- Fax back service is *only available* for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
- Each order will be returned to one address only.



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 Phone: (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

**Limited-Liability Company  
 Fee Schedule  
 Effective 7-1-08**

**LIMITED-LIABILITY COMPANY FEES:** Pursuant to NRS 86 for both Domestic and Foreign Limited-Liability Companies.

Articles of Organization	\$75.00
Registration of Foreign Limited-Liability Company	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Certificate of Termination (pursuant to NRS 86.226)	\$175.00
Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Dissolution of Domestic Limited-Liability Company	\$100.00
Dissolution of Foreign Limited-Liability Company	\$100.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
Revival of Limited-Liability Company – contact office for fee information	
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of Managers or Members	\$150.00
Annual or Amended List of Managers or Members	\$150.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$125.00</b>
Apostille	\$20.00
<b>24-Hour Expedite fee for above filing</b>	<b>\$75.00</b>
Name Reservation	\$25.00
<b>24-Hour Expedite fee for above filing</b>	<b>\$50.00</b>
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of Manager or Managing Member	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
<b>24-Hour Expedite fee for above filings</b>	<b>\$25.00</b>
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of Managers or Members	\$75.00
Business License Fee	\$200.00

**2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.**

**1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.**

*PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.*

**24-HOUR EXPEDITE TIME CONSTRAINTS:**

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.