Important: Read instructions before completing form

Non-Refundable Processing Fee: \$70.00

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1. Name of Limited Liabilit	y Company:						
2. Principal office address:							
Street Address Required		Address		City		State	Zip
3. Limitation on liabilities of the series		The company has	has not e	stablished a series at this time.			
4. The name of the Register	ed Agent (Ind	lividual or Business Enti	ity or Commerc	cial Registered Agent):			
The address must be listed if	you have a no	n-commercial registered	agent. See inst	ructions for further details.			
Address of the Registered A	.gent:						
		Utah Street Address Re	equired, PO Bo	xes can be listed after the Street Add	ress		
City:					State UT	Zip::	
5. Name and signature of O	rganizer (atta	nch additional pages if need	ed)				
Name:				Signature:			
6. Name and Address of Members and/or Managers (optional):	1.						
	Name					Position	
	Address			City		State	Zip
	Name					Position	
	Address			City		State	Zip
7. Duration (optional);		The duration of the o	company shall	be pernetual			
	 		1 3				
		The duration of the c	company shall	be			
8. Purpose (optional):							
purposes, you may use the the entity.	ne business e	ntity physical address	s rather than	y the Division is classified as pub the residential or private address			
Optional Inclusion of	Ownership	Information: This	information	is not required.			
Is this a female owned b	Yes	No					
Is this a minority owned business?		Yes	No	If yes, please specify:			