

<b>MICHIGAN DEPARTMENT OF CONSUMER &amp; INDUSTRY SERVICES</b>																				
<b>BUREAU OF COMMERCIAL SERVICES</b>																				
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This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.																				
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Document will be returned to the name and address you enter above.  
 If left blank document will be mailed to the registered office.

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### ARTICLES OF ORGANIZATION

For use by Domestic Limited Liability Companies  
 (Please read information and instructions on last page)

*Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:*

**ARTICLE I**

1. The name of the limited liability company is: □□□□□ \_\_\_\_\_

**ARTICLE II**

The purpose or purposes for which the limited liability company is formed is to engage in any activity within the purposes for which a limited liability company may be formed under the Limited Liability Company Act of Michigan.

**ARTICLE III**

The duration of the limited liability company if other than perpetual is: □□□□□ \_\_\_\_\_

**ARTICLE IV**

1. The street address of the location of the registered office is:  
 □□□□□ \_\_\_\_\_, Michigan □□□□□ \_\_\_\_\_  
 (Street Address) (City) (ZIP Code)

2. The mailing address of the registered office if different than above:  
 □□□□□ \_\_\_\_\_, Michigan □□□□□ \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (ZIP Code)

3. The name of the resident agent at the registered office is: □□□□□ \_\_\_\_\_

**ARTICLE V** (Insert any desired additional provision authorized by the Act; attach additional pages if needed.)

□□□□□

Signed this □□□□□ day of □□□□□, □□□□□.

By \_\_\_\_\_  
 (Signature)  
 □□□□□  
 \_\_\_\_\_  
 (Type or Print Name)

Name of person or organization remitting fees:

□□□□□

□□□□□

Preparer's name and business telephone number:

□□□□□

□□□□□

### INFORMATION AND INSTRUCTIONS

1. This form may be used to draft your Articles of Organization. A document required or permitted to be filed under the act cannot be filed unless it contains the minimum information required by the act. The format provided contains only the minimal information required to make the document fileable and may not meet your needs. This is a legal document and agency staff cannot provide legal advice.
2. Submit one original of this document. Upon filing, the document will be added to the records of the Bureau of Commercial Services. The original will be returned your registered office address, unless you enter a different address in the box on the front of this document.  
  
Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
3. This document is to be used pursuant to the provisions of Act 23, P.A. of 1993, by one or more persons for the purpose of forming a domestic limited liability company. **Use form BCS/CD-701 if the limited liability company will be providing services rendered by a dentist, an osteopathic physician, a physician, a surgeon, a doctor of divinity or other clergy, or an attorney-at-law.**
4. Article I - The name of a domestic limited liability company is required to contain one of the following words or abbreviations: "Limited Liability Company", "L.L.C.", "L.C.", "LLC", or "LC".
5. Article II - Under section 203(b) of the Act, it is sufficient to state substantially, alone or with specifically enumerated purposes, that the limited liability company is formed to engage in any activity within the purposes for which a limited liability company may be formed under the Act.
6. Article V - Section 401 of the Act specifically states the business shall be managed by members unless the Articles of Organization state the business will be managed by managers. If the limited liability company is to be managed by managers instead of by members, insert a statement to that effect in Article V.
7. This document is effective on the date endorsed "Filed" by the Bureau. A later effective date, no more than 90 days after the date of delivery, may be stated as an additional article.
8. The Articles must be signed by one person who will be a member. State name of person signing beneath their signature.
9. If more space is needed, attach additional pages. All pages should be numbered.
10. **NONREFUNDABLE FEE:** Make remittance payable to the State of Michigan. Include limited liability company name on check or money order. . . . . **\$50.00**

To submit by mail:

Michigan Department of Consumer & Industry Services  
 Bureau of Commercial Services - Corporation Division  
 7150 Harris Drive  
 P.O. Box 30054  
 Lansing, Michigan 48909

To submit in person:

6546 Mercantile Way  
 Lansing, MI  
 Telephone: (517) 241-6400

Fees may be paid by VISA or Mastercard when delivered in person to our office.

MICH-ELF (Michigan Electronic Filing System):

First time users: Call (517) 241-6420 or visit our website at <http://www.cis.state.mi.us/bcs/corp/>  
 Customer with MICH-ELF Filer Account: Send document to (517) 241-9845.

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.