

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

Name of the limited liability company: _____
The name must contain the words Limited Liability Company or Limited Company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd., and Company may be abbreviated as Co.

Street and mailing address of the initial designated office:

Street Address (Required) City NE ZIP

Mailing Address (if different from street address) City NE ZIP

Name of the initial agent for service of process: _____

Street, mailing address and post office box (if any) of the initial agent for service of process:

Street Address (Required) City NE ZIP

PO Box/Mailing Address (if different from street address) City NE ZIP

Effective date if other than the date filed _____



Signature of Organizer

Printed Name of Organizer

Legal notice: The Secretary of State's office cannot provide legal advice. We highly recommend that you seek professional legal, tax and financial advice to assist you in forming your business.