



State of Utah  
Department of Commerce  
Division of Corporations & Commercial Code  
Certificate of Organization (Limited Liability Company)

[Print](#)  
[Clear Form](#)  
[Instructions](#)

**Important: Read instructions before completing form**

**Non-Refundable Processing Fee: \$70.00**

1. Name of Limited Liability Company:	tiara		
2. Principal office address: <small>Street Address Required PO Box can be listed after Street Address</small>	<div style="display: flex; justify-content: space-between;"> <span>1851 s columbia ln</span> <span>Orem</span> <span>UT</span> <span>84097</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Address</span> <span>City</span> <span>State</span> <span>Zip</span> </div>		
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):			
Registered Agent name			
<small>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</small>			
Address of the Registered Agent: Address of the agent			
<small>Utah Street Address Required, PO Boxes can be listed after the Street Address</small>			
City: Agent city State UT Zip: 84120			
4. Signature of Organizer			
Signature: <span style="background-color: #f0f0f0; padding: 2px;">Sign here after the form is printed</span>			
5. Name and Address of Members and/or Managers (optional):	1. Firstname and lastname of #1		Position of #1
	<small>Name</small>		<small>Position</small>
	The full street address of #1		#1 84120
	<small>Address</small>		<small>State Zip</small>
	2. Firstname and lastname of #2		Position of #2
	<small>Name</small>		<small>Position</small>
	The full street address of #2		#2 84120
	<small>Address</small>		<small>State Zip</small>
3. Firstname and lastname of #3		Position of #3	
<small>Name</small>		<small>Position</small>	
The full street address of #3		#3 84120	
<small>Address</small>		<small>State Zip</small>	
4. Firstname and lastname of #4		Position of #4	
<small>Name</small>		<small>Position</small>	
The full street address of #4		#4 84120	
<small>Address</small>		<small>State Zip</small>	
6. Duration (optional):			
<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="margin-left: 10px;">The duration of the company shall be perpetual</div> </div>			
<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <div style="margin-left: 10px;">The duration of the company shall be Duration</div> </div>			
7. Purpose (optional): Optional purpose			
<small>Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.</small>			
<b>Optional Inclusion of Ownership Information: This information is not required.</b>			
Is this a female owned business? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this a minority owned business? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please specify: Specification			