



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

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Important: Read instructions before completing form

Non-Refundable Processing Fee: \$70.00

| | | | | | | | |
|--|----------|--|----------|-------|-------|-----|--|
| 1. Name of Limited Liability Company: | | | | | | | |
| 2. Principal office address: Street Address Required PO Box can be listed after Street Address | | | | | | | |
| | | Address | | City | State | Zip | |
| 3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: _____ Utah Street Address Required, PO Boxes can be listed after the Street Address City: _____ State UT Zip: _____ | | | | | | | |
| 4. Signature of Organizer Signature: <i>Sign here after the form is printed</i> | | | | | | | |
| 5. Name and Address of Members and/or Managers (optional): | 1. _____ | | _____ | | | | |
| | Name | | Position | | | | |
| | Address | | City | | State | Zip | |
| | 2. _____ | | _____ | | | | |
| | Name | | Position | | | | |
| | Address | | City | | State | Zip | |
| | 3. _____ | | _____ | | | | |
| | Name | | Position | | | | |
| | Address | | City | | State | Zip | |
| | 4. _____ | | _____ | | | | |
| Name | | Position | | | | | |
| Address | | City | | State | Zip | | |
| 6. Duration (optional): | | | | | | | |
| | | The duration of the company shall be perpetual | | | | | |
| | | The duration of the company shall be _____ | | | | | |
| 7. Purpose (optional): 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. | | | | | | | |
| Optional Inclusion of Ownership Information: This information is not required. | | | | | | | |
| Is this a female owned business? <input type="radio"/> Yes <input type="radio"/> No | | | | | | | |
| Is this a minority owned business? <input type="radio"/> Yes <input type="radio"/> No If yes, please specify: _____ | | | | | | | |

03/16