



**Secretary of State  
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

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## **Business Entities Submission Cover Sheet**

For fastest service, file online at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).

### **Instructions:**

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-dates](https://www.sos.ca.gov/business/be/processing-dates).
- To obtain a certified copy, include certification fees with your submission.

**Note: All correspondence related to your submission will be sent to the name and address on your check or money order.**

### **Contact Person (Please type or print legibly):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Entity Information (Please type or print legibly):**

Entity Name: \_\_\_\_\_

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Secretary of State**  
**Articles of Organization**  
Limited Liability Company (LLC)

**LLC-1**

**Filing Fee - \$70.00**

**Certified Copy Fee (Optional) - \$5.00**

*Note:* LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

**This Space For Office Use Only**

**1. Limited Liability Company Name** (Must contain an LLC identifier such as LLC or L.L.C. "LLC" will be added, if not included.)

**2. Business Addresses**

a. Initial Street Address of Principal Office - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
b. Initial Mailing Address of LLC, if <b>different than item 2a</b>	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State <b>CA</b>	Zip Code

**CORPORATION** – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

**4. Management** (Select **only** one box)

The LLC will be managed by:

☐ One Manager      ☐ More than One Manager      ☐ All LLC Member(s)

**5. Purpose Statement** (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

**6. By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.**

Additional signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this Form LLC-1. (All attachments should be 8 ½ x 11, one-sided, legible and clearly marked as an attachment to this Form LLC-1.)

Organizer sign here

Print your name here