

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

ARTICLES OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY
SDCL 47-34A-203, 212

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$150 payable to SECRETARY OF STATE
*Effective November 14th, 2016: Additional \$15 paper processing fee
for articles filed via paper.*

Article I

The name of the company:

Note: The name must contain Limited Liability Company, 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. (SDCL 47-34A-105, 47-1A-401)

Article II

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business:

Actual Street Address	City	State	ZIP+4
-----------------------	------	-------	-------

Article III

SDCL 59-11-6

The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State	City	State	ZIP+4
-------------------------------------	------	-------	-------

Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Name	CRA#
------	------

(c) Title of the office or other position with the company _____

Business Office's Actual Street Address in this State	City	State	ZIP+4
---	------	-------	-------

Mailing Address in this State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

Email Address (Optional)

Article IV

The name and address of each organizer

Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4

Article V

The duration of the company if other than perpetual is _____

Article VI

Check one:

The company will be member managed.

The company will be manager managed.

If the company is to be manager managed, please state the name and address of each initial manager.

Manager	Street Address	City	State	Zip+4
Manager	Street Address	City	State	Zip+4
Manager	Street Address	City	State	Zip+4

Article VII

Whether one or more of the members of the company are to be liable for its debts and obligations as set forth under SDCL 47-34A-303(c)

Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the Articles of Organization.

The Articles of Organization must be executed by the organizers.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of Organizer

Printed Name

Title

Dated _____

Signature of Organizer

Printed Name

Title

Dated _____

Signature of Organizer

Printed Name

Title

Dated _____

Signature of Organizer

Printed Name

Title