



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR
501-682-3409 • www.sos.arkansas.gov

Certificate of Organization for Limited Liability Company

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Limited Liability Company under the Uniform Limited Liability Company Act, Act 1041 of 2021 Arkansas Code Annotated § 4-38-201, adopts the following Certificate of Organization of such Limited Liability Company:

1. The Name of the Limited Liability Company is : _____

- * Must contain the words "Limited Liability Company," "Limited Company," or the abbreviation "L.L.C.," "L.C.," "LLC," or "LC." The word "Limited" may be abbreviated as "Ltd.", and the "Company" may be abbreviated as "Co."
- * Companies which perform a professional service **MUST** additionally contain the words "Professional Limited Liability Company," "Professional Limited Company," or the abbreviations "P.L.L.C.," "P.L.C.," "PLLC," or "PLC" and not contain the name of a person who is not a member except that of a deceased member. The word "Limited" may be abbreviated as "Ltd.", and the "Company" maybe abbreviated as "Co."

2. Address of the principal office of business of the Limited Liability Company shall be:

(Physical Street Address)

(City, State & Zip)

3. The name and address of the registered agent of this company shall be: _____
(Name)

(Physical Street Address)

(City, State & Zip)

4. The name and title of at least one officer for franchise tax purposes: (attach additional page, if needed)

Name

Title (Member or Manager)

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this _____ day of _____, _____.

(Signature of Organizer)

(Typed or printed name)

(Signature of Organizer)

(Typed or printed name)



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Limited Liability Company Franchise Tax

Please Type or Print

In order for this limited liability company to receive its annual franchise tax reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Limited Liability Company name as used in Arkansas

Contact person

Street address or Post Office Box number

City, State, ZIP

Telephone number

E-mail address

IRS link for obtaining a Federal Tax ID: <https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

Federal Tax ID:

☐

I affirm that franchise taxes are due by May 1st of the year following formation of this entity.

Signature

Title