



Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

John Thurston

501-682-3409 • www.sos.arkansas.gov

Articles 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 Small Business Entity Tax Pass Through Act, Act 1003 of 1993 Arkansas Code Annotated § 4-32-202, adopts the following Articles 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 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 principal place of business of the Limited Liability Company (Which may be, but not need be, the place of business) shall be: _____

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

(Physical Street Address)

(City, State & Zip)

4. If the management of this company is vested in a manager or managers, a statement to that effect must be included in the space provided or by attachment: _____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____.

(Signature of person(s) forming the company)

(Typed or printed name)

(Signature of person(s) forming the company)

(Typed or printed name)

(Signature of person(s) forming the company)

(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

Federal Tax ID:

If you do not have a Federal Employer Identification Number, please visit the Arkansas Taxpayer Access Point at atap.arkansas.gov to register for Franchise Tax when it is obtained from the IRS.

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

NOTE: This tax is due on or before May 1 of the year following filing or qualification in this state.

Signature

Title