

# LLC Certificate of Formation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned person an Authorized Person of a Limited Liability Company to be formed in accordance with the State of \_\_\_\_\_ Limited Liability Company Act.

Hereby adopts the following Certificate of Formation:

Name: The name of this Limited Liability Company is \_\_\_\_\_, LLC.

Duration: The period of duration for this Limited Liability Company is \_\_\_\_/\_\_\_\_/\_\_\_\_ from the date of filing this Certificate of Formation with the State, unless the above listed LLC is dissolved by the members or as is provided by state law.

Registered Agents and Office: The name of the Limited Liability Company's registered agent is:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purpose: The purpose of the Limited Liability Company is hereby organized to perform any lawful purpose except that of banking and insurance.

Management and Members: The business of the Limited Liability Company will be conducted under the exclusive management of its members who shall vote according to their interest that is proportionate in their company and shall hereby have exclusive authority to act for the Limited Liability Company in all matters. The above listed Limited Liability Company shall always have at least two members at all times. The names and addresses of the members of the Limited Liability Company are as follows:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Organizers: The name and address of each of the organizers of the Limited Liability Company:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, a forming member of the above listed Limited Liability Company and do hereby state that I am an authorized person to sign the LLC Certificate of Formation to be filed in the State of \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Authorized Agent

I, \_\_\_\_\_, do hereby accept appointment as Registered Agent, and state that I am familiar with the duties of Registered Agent of the above listed Limited Liability Company.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Signature of Registered Agent