

ARTICLES OF ORGANIZATION

Under Section 203 of the Limited Liability Company Law

ORDER FORM WORKSHEET

** Please check appr. Boxes*

The **name** of the limited liability company is: _____

The **county within** this state in which the office of the limited liability company is to be located is: _____

The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The **address** within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

Do you want the Liability Statement inserted into ctf. Yes No

NAME of Organizer _____

Filer's Name and Mailing Address:

Name: _____

Mailing Address: _____

City, State and Zip Code: _____

Do you want a publication quote from EMPIRE YES NO

PLEASE CHECK BOX CERTIFIED COPY PLAIN COPY CORPORATE OUTFIT

ORDERED BY _____ FIRM NAME _____

PHONE NUMBER _____

EMAIL _____

Billing Info (CHECK BOX) Bill my credit account I will pay by charge, I will call office