

# Form a Nevada LLC

CHQ Incorporated ♦ Serving 5000+ clients since 1992

**1. \*What is the name of your new company?**

(Search name availability at [www.chqinc.com](http://www.chqinc.com))

("LLC" will automatically be added on the end of the name you have chosen)

First choice:

Second choice:

**2. \*Name and address of the responsible party (Manager or Member) who will be running this company:**

Name:

Address:

(Your corporate documents and minutes book will be shipped to the address above via U.S. First Class Mail)

**4. \*Billing address if different from above:**

5. \*Phone

Email

Fax

**6. \*Select ONE choice:** (fee includes a full years' registered agency, a customized minutes book with operating forms, and stock certificates)

Please form and ship my Nevada LLC in approximately 7-10 days ..... \$350.00

Please form and ship my Nevada LLC within 24 hours ..... 500.00

**7. OPTIONAL products and services:**

Mail forwarding service (Starts today—\$140 annual fee + \$20. initial postage deposit) ..... 140.00

Certificate of Good Standing (Delivered in approximately 7-10 days) ..... 75.00

Certificate of Good Standing (Delivered within 24 hours) ..... 100.00

State certification of Articles of Incorporation (Not required for normal operations) ..... 30.00

Customized LLC metal Seal embosser (Not a required item) ..... 49.95

**8. To obtain your free EIN Number:** (Go to [www.chqinc.com](http://www.chqinc.com), click on "Manage your company". If you need help, please call us.)

**9. \*Total amount to be charged to credit card: \$**

(American Express is not accepted)

10. \*Card #

Expires: MO

YR

Last 3 numbers on back of card

**11. \*Cardholders name and billing address, if different from above:**

Customer authorizes this purchase to be charged to the credit card above and acknowledges that he or she has read and understands the applicable Nevada Statutes. Customer further understands that ADDITIONAL FEES TO THE STATE OF NEVADA IN THE AMOUNT OF \$350 will be payable prior to the end of the month following formation. Your annual CHQ Registered Agency fee of \$150. is included (under #6) for the first full year.

12. \*Applicant signature \_\_\_\_\_

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

**13. \*COMPLETE PAGE TWO AS FOLLOWS.**

Box 1: Enter your first name choice. It can be changed prior to filing if necessary.

Box 2: Ignore this section.

Box 3: Complete as necessary.

Box 4: Complete as desired. (For some guidance, see our home page, click on "Do I need a Corporation or LLC?")

Box 5: List a Manager or Managing Member and his/her address. CHECK ONLY ONE BOX.

Box 6: Optional.

Box 7: Complete and sign as the organizer. NOTE: DO NOT SIGN AT BOX #8!

**PRINT, SIGN, AND SCAN IN HIGH DEFINITION, THEN RETURN BOTH PAGES TO CHQ.**

Email to: [chqinc@juno.com](mailto:chqinc@juno.com)

Visit [www.chqinc.com](http://www.chqinc.com)

Questions? call: (800) 634-1441



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# Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company:</b> (must contain approved limited-liability company wording; see instructions)		Check box if a Series Limited-Liability Company <input type="checkbox"/> Check box if a Restricted Limited-Liability Company <input type="checkbox"/>
<b>2. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent: _____ <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)	
	Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity _____ Street Address _____ City _____ Nevada _____ Zip Code _____ Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____	
<b>3. Dissolution Date:</b> (optional)	Latest date upon which the company is to dissolve (if existence is not perpetual): _____	
<b>4. Management:</b> (required)	Company shall be managed by: <input type="checkbox"/> Manager(s) <b>OR</b> <input type="checkbox"/> Member(s) <small>(check only one box)</small>	
<b>5. Name and Address of each Manager or Managing Member:</b> (attach additional page if more than 3)	1) _____ <small>Name</small> _____ <small>Street Address</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____ 2) _____ <small>Name</small> _____ <small>Street Address</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____ 3) _____ <small>Name</small> _____ <small>Street Address</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____	
<b>6. Effective Date and Time:</b> (optional)	Effective Date: _____ Effective Time: _____	
<b>7. Name, Address and Signature of Organizer:</b> (attach additional page if more than 1 organizer)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. _____ <small>Name</small> <b>X</b> <b>Organizer Signature</b> _____ <small>Address</small> _____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small> _____	
<b>8. Certificate of Acceptance of Appointment of Registered Agent:</b>	I hereby accept appointment as Registered Agent for the above named Entity. <b>X</b> _____ <b>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</b> _____ <small>Date</small> _____	