Need Help?

Starting your business can be a challenge, but you don't have to go it alone. US Legal is here to help! We have services to help you get up and running quickly and easily.

Let us help you:

- Prepare the necessary filing for your state
- ✓ Ensure your business name is available
- Submit and track the filing
- Stay with you if issues arise
- Provide you with all the documentation from the state of a successful filing
- Obtain you new tax ID mamber (EIN)
- Stay or a fized with all LLC or Corporate in
- Prepare an S-Corp election



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LLC-1

Articles of Organization of a Limited Liability Company (LLC)

To form a limited liability company in California, you can fill out this form, and submit for filing along with:

- A \$70 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form.

Important! LLCs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

LLCs may not provide "professional services," as defined by California Corporations Code sections 13401(a) and 13401.3.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.		This Space For Office Use Only		
For questions about this for	m, go to www.sos.ca.gov/b	ousiness/be/filing-tips.htr	n.	
LLC Name (List the proposed LLC name exactly as it is	s to appear on the records of the	California Secretary of State	e.)	
①				
Liability inc., co	Co. or Ltd. Liability Company; and rporation, or corp., insurer, or	nust include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, ation, or corp., insurer, or insurance company. For general entity names and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.		
Purpose	iente una restrictione, go to www.s	oo.oa.gov/baoiness/be/name t	avanabinty.htm.	
The purpose of the limited liability compar company may be organized under the Cali	, , ,	•	_	
Initial Street Address of Designated Office in CA	- Do not list a P.O. Box	ity (no abdreviations)	State Zip	
b	a C	ity (no abbreviations) S	State Zip	
Service of Process (List a California resident or a California resident or a California resident or a California registered corporation of the Agent's Name Lagrange (List a California registered corporation) Agent's Name	et any adult who lives in Californi orate agent as the address for se	a. You may not list an LLC ervice of process is already o	as the agent. Do not	
b	ation) - Do not list a P.O. Box C		State Zip	
Management (Check only one.) The LLC will be managed by:		Limited Liability Compan	ny Member(s)	
This form must be signed by each organizer. If you nee paper (8 1/2" x 11"). All attachments are made part of the		ges that are 1-sided and on	standard letter-sized	
•				
Organizer - Sign here	Print your name here			
Make check/money order payable to: Secretary of State	By Mail		Drop-Off	
Upon filing, we will return one (1) uncertified copy of your f document for free, and will certify the copy upon request a payment of a \$5 certification fee.		. Box 944228 1500 1	ecretary of State 11th Street., 3rd Floor ramento, CA 95814	



Statement of Information, P.O. Box 944230, Sacramento, CA 94244-2300

Changes to Requests for Copies of California Statements of Information Effective January 1, 2013

As of January 1, 2013, legislative changes from Senate Bill 1532 impact Statements of Information filed with the California Secretary of State's office on an annual and biennial basis.

California Secretary of State will no longer enforce as certify customer provided capies of Statements of Informatics. A copy of the fleed statement may be requested at the time of filling by submitting a written request with your Statement of information and including additional copy residence with your statement of information fees. Copies are \$1 for the first page and \$.50 for each additional page of the document. An additional \$5 fee is required if requesting certification of the copy. If no fee is included with a submitted Statement of Information, copies can be obtained 3-4 days after filing by submitting a Business Entities Records Order Form in person to our Sacramento office or by mail.

NOTE: The fastest way for a corporation to file their required Statement of Information is to file online using our online E-File Statements of Information for Corporations at https://businessfilings.sos.ca.gov/ and request a copy over the counter in our Sacramento office, if a copy or certified copy is needed.

For the latest forms and fees, as well as information on SB 1532, visit us at www.sos.ca.gov. Updated forms are available on the Secretary of State website.

California Secretary of State www.sos.ca.gov/business/be (916) 657-5448

Instructions for Completing Form LLC-12

Every **domestic and registered foreign limited liability company** shall file a Statement of Information with the Secretary of State, within 90 days after the filing of its original Articles of Organization or Application for Registration, and biennially thereafter during the applicable filing period. The applicable filing period for a limited liability company is the calendar month during which its original Articles of Organization or Application for Registration were filed and the immediately preceding five calendar months. A limited liability company is required to file this statement even though it may not be actively engaged in business at the time this statement is due. Changes to information contained in a previously filed statement can be made by filing a new form, completed in its entirety.

Legal Authority: Statutory filing provisions are found in California Corporations Code section 17702.09, unless otherwise indicated. All subsequent statutory references are to the California Corporations Code, unless otherwise stated. Failure to file this Statement of Information by the due date will result in the assessment of a \$250.00 penalty. (Sections 17713.07(b) and 17713.09; California Revenue and Taxation Code section 19141.)

Filing Fees: The fee for filing the initial or biennial Statement of Information is **\$20.00**. Checks should be made payable to the Secretary of State. If this statement is being filed to change any information on a previously filed statement and is being filed outside the applicable filing period, as defined above, **no fee** is required.

Copies: To get a copy of the filed statement, include a separate request and payment for copy fees when the statement is submitted. Copy fees are \$1.00 for the first page and \$.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.

Complete the Statement of Information (Form LLC-12) as follows:

- Item 1. Enter the name of the limited liability company exactly as it is of record with the California Secretary of State.
- Item 2. Enter the limited liability company number issued by the California Secretary of State.
- Item 3. Enter the state or place under the laws of which the limited liability company is organized.
- **Item 4.** If no Statement of Information has ever been filed or if there has been <u>any</u> change to the last Statement of Information filed with the Secretary of State, including a change to any address, complete this form in its entirety.
 - If there has been no change in the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 15.
- Item 5. Enter the complete street address, city, state and zin code of the limited liability company's principal office. Please do not enter a P.O. Box address of ab lievial the nar le of the lity.
- Item 6. Enter the complete mailing odd less, city, state and zin code of the limited ial lity complete if iff rent from item 5. This address will be used for mailing purposes.
- Item 7. If the company is domestic, enter the complete street address, city and zip code of the office in California that is required to be maintained pursuant to Section 17701.13. If the company is foreign, enter the complete street address, city and zip code of the principle business office in California, if any. Please do not enter a P.O. Box address or abbreviate the name of the city.
- **Item 8.** Enter the name and complete business or residential address of the chief executive officer, if any. Please do not abbreviate the name of the city.
- Items Enter the name and complete business or residential address of any manager or managers, appointed or elected in accordance with the Articles of Organization or Operating Agreement, or if no manager has been so elected or appointed, the name and business or residential address of each member. Attach additional pages, if necessary. Please do not abbreviate the name of the city.
- **Item 12.** Enter the name of the agent for service of process in California. An agent is an individual (manager, member or any other person, whether or not affiliated with the company) who resides in California or a corporation designated to accept service of process if the company is sued. The agent **must** agree to accept service of process on behalf of the company prior to designation.
 - Note: Before a corporation is designated as agent, that corporation must have previously filed with the California Secretary of State, a certificate pursuant to Section 1505. Note, a limited liability company cannot act as its own agent and no domestic or foreign corporation may file pursuant to Section 1505 unless the corporation is currently authorized to engage in business in California and is in good standing in the records of the California Secretary of State.
 - If an individual is designated as agent, complete Items 12 and 13. If a corporation is designated as agent, complete Item 12 and proceed to Item 14 (do not complete Item 13).
- Item 13. If an individual is designated as agent for service of process, enter a business or residential **street** address in California. (A P.O. Box address is not acceptable). Please do not enter "in care of" (c/o) or abbreviate the name of the city. If a corporation is designated as agent, leave Item 13 blank and proceed to Item 14.
- **Item 14.** Briefly describe the general type of business that constitutes the principal business activity of the limited liability company.
- Item 15. Type or print the name and title of the person completing this form and enter the date this form was completed.

Completed forms along with the applicable fees can be mailed to Secretary of State, Statement of Information Unit, P.O. Box 944230, Sacramento, CA 94244-2300 or delivered in person (drop off) to the Sacramento office, 1500 11th Street, Sacramento, CA 95814. If you are not completing this form online, please type or legibly print in black or blue ink. This form must not be altered.



State of California Secretary of State

L

STATEMENT OF INFORMATION

(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LIMITED LIABILITY COMPANY NAME

This Space For Filing Use Only

File Number and State or Place of Organization					
2. SECRETARY OF STATE FILE NUMBER	3. STATE OR PLACE OF ORGANIZATION	N (If formed outside	e of California)		
No Change Statement					
4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no Statement of Information has been previously filed, this form must be completed in its entirety.					
If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15 .					
Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)					
5. STREET ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE		
6. MAILING ADDRESS ON LC, IN DIFFERENT TRANSPERS	PREVI	STATE	ZIP CODE		
7. STREET ADDRES OF A FORMA OFF E		STA V ≜ CA	IP CODE		
Name and Complete Address of the Chief Executive Officer, If An	y				
8. NAME ADDRESS	CITY	STATE	ZIP CODE		
Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)					
9. NAME ADDRESS	CITY	STATE	ZIP CODE		
10. NAME ADDRESS	CITY	STATE	ZIP CODE		
11. NAME ADDRESS	CITY	STATE	ZIP CODE		
Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.					
12. NAME OF AGENT FOR SERVICE OF PROCESS					
13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF A	AN INDIVIDUAL CITY	STATE CA	ZIP CODE		
Type of Business					
14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY					
15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.					
DATE TYPE OR PRINT NAME OF PERSON COMPLETING TH	E FORM TITLE	SIG	GNATURE		
LLC-12 (REV 01/2014)	-	APPROVED BY SE	CRETARY OF STATE		