



**ARIZONA CORPORATION COMMISSION
CORPORATIONS DIVISION**

**GENERAL FILING INSTRUCTIONS
FOR LLCs AND PROFESSIONAL LLCs**
Pursuant to A.R.S. TITLE 29, CHAPTER 4

ARTICLES OF ORGANIZATION:

- Select whether you wish to form a LIMITED LIABILITY COMPANY or a PROFESSIONAL LIMITED LIABILITY COMPANY.

Section 1. Proposed Name

- Indicate the proposed name of the company. Make sure the company name has the appropriate ending pursuant to the A.R.S. §29-602(A), or for professional LLC pursuant to A.R.S. §29-845.
- You can review the Commission's Name Standards Policy or check and reserve a name on our website www.azcc.gov/divisions/corporations/filings/namingpolicy.asp. Web access is available to the public at our Phoenix and Tucson Offices.
- If you are the holder of a trade name that is identical to the proposed name, you must attach a copy of the Trade Name Certificate.

Section 2. Known Place of Business

- Indicate the street address of the known place of business in Arizona. The street address of the known place of business may be the same as the street address of the statutory agent.

Section 3. Statutory Agent

- The law requires that the LLC have a statutory agent.** A statutory agent is either an individual that is a permanent, full-time resident of Arizona or an entity that is registered in the records of the Arizona Corporation Commission. The statutory agent is the person that will accept service of lawsuit papers if the LLC is sued, and it is the person that the Arizona Corporation Commission will send official notices to.
- Indicate the name and street address of the statutory agent in Arizona.
- The statutory agent must provide a signature acknowledging acceptance of the appointment as the statutory agent.

Section 4. Professional services (required only for Professional LLCs)

- The Professional LLC must state the type of professional services that the company is organized to perform, for example, "law office" or "medical services."

Section 5. Life Period

- Indicate whether the LLC has a dissolution date or if its life period will be perpetual.

Section 6. Management Structure

- Indicate if management is reserved to the members or vested in one or more managers.
- If reserved to the members, indicate the name and address of all members.
- If vested in a manager, indicate the name and address of each manager AND of each member who owns 20% or greater interest in the capital or profits of the company.

Section 7. Signature

- The organizer must sign the document. The organizer can be, but does not have to be, a member or manager of the LLC. Print the name of the person signing.

ADDITIONAL REMINDERS:

Cover Sheet

- Attach a completed submission cover sheet for each filing.

Fees (Pursuant to ARS §29-851)

- Attach the required filing fee of \$50. Expedited service is available for an additional \$35 fee.
- Please make checks payable to the ARIZONA CORPORATION COMMISSION.

Publication Requirements (Pursuant to ARS §29-635)

- Within sixty 60 days after the Commission has approved the filing, you must publish the Articles of Organization in a newspaper of general circulation in the county of the known place of business in Arizona, for three (3) consecutive publications. **DO NOT PUBLISH UNTIL THE COMMISSION APPROVES THE FILING.** A list of acceptable newspapers in each county will accompany the approval letter and is posted on the Commission website at: www.azcc.gov/Divisions/Corporations. The Limited Liability Company may be subject to dissolution if it fails to publish. Filing an affidavit of publication is not necessary.

Website

The LLC may view its records on the commission's website:
www.azcc.gov/Divisions/Corporations.

LLC Statutes

The laws concerning LLCs are found in the Arizona Revised Statutes, Title 29, and are accessible through the following link: www.azleg.gov.

NOTE: Any sample forms included with this Instruction Sheet reflect the minimum requirements set forth in the Arizona Limited Liability Company Act. They do not presume to include each and every clause that could pertain to the individual needs of your company. For such information, you should seek professional advice from a private source.

ALL DOCUMENTS FILED WITH THE ARIZONA CORPORATION COMMISSION ARE PUBLIC RECORD AND ARE OPEN FOR PUBLIC INSPECTION. THIS MEANS THAT ALL ADDRESSES ARE VIEWABLE BY THE PUBLIC.

DO NOT WRITE ABOVE THIS LINE, FOR ACC USE ONLY

ARTICLES OF ORGANIZATION

DO NOT PUBLISH THIS SECTION

NOTE: A professional limited liability company is an LLC organized for the purpose of rendering one or more categories of licensed professional service. Professional service is defined as a service that may be lawfully rendered **only** by a person licensed in this state to render the service.

1. The LLC name must contain the words "limited liability company" or "limited company" or the abbreviations "L.L.C.", "L.C.", "LLC", or "LC". The Professional LLC name must contain the words "professional limited liability company" or the abbreviations "P.L.L.C.", "P.L.C.", "PLLC", or "PLC."

2. Must be an Arizona address. **DO NOT LEAVE THIS SECTION BLANK**

3. See Section 3 of the instructions above. A statutory agent is a person you appoint that would receive lawsuit papers if the LLC is sued. A street or physical address is required even if the statutory agent has a P.O. Box.

The agent **must** sign the articles or provide written consent to the appointment.

Select one. This form may be used for:

ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)

ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)

1. The name of the organization:

A. _____
LLC Name Reservation File Number (if one has been obtained – if not, leave this line blank).

B. _____
Limited Liability Company Name

2. Known place of business in Arizona (If address is the same as the street address of the statutory agent, write "same as statutory agent". **DO NOT LEAVE THIS SECTION BLANK**):

Address _____

City _____ State _____ Zip _____

3. The name and street address of the statutory agent in Arizona:

Name _____

Address _____

City _____ State _____ Zip _____

Acceptance of Appointment by Statutory Agent:

I _____, having been designated to act as
(print name of the Statutory Agent)

Statutory Agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statute.

Agent Signature: _____

If the statutory agent is an entity, please print the company name here.

DO NOT PUBLISH THIS SECTION

4. Only required for professional limited liability company. The professional services that the company is organized to perform must be described. Professional service is defined as a service that may be lawfully rendered **only** by a person licensed in this state to render the service.

5. Check only one box. If a dissolution date is stated, it should include the month, day and year. **Perpetual** means continuing forever or indefinitely.

6. Check A or B to show which management structure will be applicable to your company. Provide name, title and address for each person.

6A. If reserved to the members, check the Members box and provide the name and address of **all** members. **NOTE:** if reserved to the members you cannot list any manager.

6B. If vested in one or more managers check the Managers box and provide the name and address of each manager and of each member who owns a twenty percent (20%) or greater interest in the capital or profits of the LLC/ PLLC.

7. Signature. The person signing this document need not be a manager or member of the company.

4. Professional LLCs only – Professional Services - the Professional Limited Liability Company will provide the following professional services:

5. Life Period of the Limited Liability Company: check one:

The LLC will dissolve on ___/___/_____ (Please enter month, day and four digit year)
 The Limited Liability Company life period is Perpetual.

6. Management Structure: (check one box only) A.R.S. §29-632(5)

A. RESERVED TO THE MEMBERS
IF RESERVED TO THE MEMBERS, DON'T CHECK ANY MANAGER BOXES.

B. VESTED IN ONE OR MORE MANAGERS
IF VESTED IN THE MANAGER(S), AT LEAST ONE NAME BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____
Name _____	Name _____
<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)	<input type="checkbox"/> Member <input type="checkbox"/> Manager (only if "B" is selected above)
Address: _____	Address: _____
City, _____ State, _____ Zip: _____	City, _____ State, _____ Zip: _____

IF YOU NEED MORE SPACE FOR LISTING MEMBERS / MANAGERS PLEASE ATTACH THE ADDITIONAL PAGE TO THE ARTICLES OF ORGANIZATION.

7. SIGNATURE

Signed on this date: _____ (mm/dd/yyyy).

Signature: _____ Print Name _____

If signing on behalf of a company, please print the company name here.

Phone Number: _____ Fax Number: _____