

Articles of Organization

pursuant to [31 MRSA §622](#) to accompany the following:

(Check one box only.)

- Articles of Entity Conversion ([13-C MRSA §955.1](#))
- Articles/Certificate of Merger or Share Exchange ([13-C MRSA §§1106](#), [31 MRSA §744](#), [31 MRSA §1436](#))
- Articles/Certificate of Inter-Entity Consolidation ([31 MRSA §744](#))
- Articles/Certificate of Conversion ([31 MRSA §746](#), [31 MRSA §1432](#))
- Articles of Conversion of Partnership ([31 MRSA §1093](#))

(Check box only if applicable.)

- This is a professional limited liability company* formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

(type of professional services)

FIRST: The name of the limited liability company is

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC" - [31 MRSA §603-A.1](#))

SECOND: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

- Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

- Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

FOURTH: (Check one box only.)

- A. The management of the company is vested in a member or members.
- B. 1. The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.
2. If the initial managers have been selected, the name and business, residence or mailing address of each manager is:

Name

Address

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

- Names and addresses of additional managers are attached hereto as Exhibit _____, and made a part hereof.

FIFTH: Other provisions of these articles, if any, that the members determine to include are set forth in Exhibit _____ attached hereto and made a part hereof.

***Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#))

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
 Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
 Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) (Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)