

Filing Fee \$175.00

**DOMESTIC  
LIMITED LIABILITY COMPANY**

**STATE OF MAINE**

**ARTICLES OF ORGANIZATION**

<p>_____</p> <p>Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____</p> <p>Deputy Secretary of State</p>
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Pursuant to [31 MRSA §622](#), the undersigned executes and delivers the following Articles of Organization:

**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" – see [31 MRSA §603-A.1](#))

**SECOND:** (Check 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)

**THIRD:** 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)

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

**FIFTH:** (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**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names and addresses of additional managers are attached as Exhibit \_\_\_\_\_, and made a part hereof.

**SIXTH:** Other provisions of these Articles, if any, that the members determine to include are set forth in the attached Exhibit \_\_\_\_\_ and made a part hereof.

**Organizer(s) \*\***

**Dated** \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

**For Organizer(s) which are Entities\*\***

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(Authorized signature) (Type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(Authorized signature) (Type or print name and capacity)

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(Authorized signature) (Type or print name and capacity)

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**\*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](#))

**\*\*Articles MUST** be signed by:

- (1) all organizers **OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752      Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)