Limited Liability Company Questionnaire

Name of Limited Liability Company:

Address:

City State Zipcode

Will the Company be dissolved on a certain date? Yes No If yes, date:

List the name and address of each person that will be executing these articles of organization, and if their position is in the capacity of a member, organizer or both?

Name Address Position

In what County is the LLC office initially registered?

What is that Office Street address:

What is that Office mailing address, if different from Street address?

Name Initial Registered Agent

Does Limited Liability Company have a principal office? Yes No If yes,

Street Address County

City State Zipcode

Mailing Address, if different

Will Company be a Member-managed LLC or a Manager-managed LLC?

\_\_\_\_\_ Member-managed LLC: all members by virtue of their status as members shall be managers of this limited liability company.

\_\_\_\_\_ Manager-managed LLC: the members of this limited liability company shall not be managers by virtue of their status as members.

Do you have any other provisions the limited liability company elects to include? Yes No

What date do you wish these articles to be filed?

What date do you wish these articles to become effective?