

401 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708

Instructions for Formation - Limited-Liability Company

Important: Read all instructions carefully before completing form.

Type or print your information clearly. Submit your filing with the Customer Order Instruction Form and payment.

Select the type of entity you are creating at the top of the form. Follow the applicable instructions below.

1. Name Being Registered in Nevada: Write the full legal name of your limited-liability company (LLC) exactly as you want it to appear in public records. Your business name must be unique from names already on file with the Secretary of State.

If you are a Domestic or Foreign LLC, your business name must include one of the following:

"Limited-Liability Company," "Limited Liability Company," "Limited Company," "Limited" "Ltd.," "L.L.C.,"
"L.C.," "LLC," or "LC."
The word "Company" may be abbreviated as "Co."

If you are a Professional LLC, (PLLC) your name must include:

"Professional Limited Liability Company" or abbreviations like "Prof. L.L.C.," "Prof. LLC," "P.L.L.C.," or
"PLLC." The word "Chartered" may be abbreviated as "Chtd." and the word "Limited" may be
abbreviated as "Ltd."
The last name of at least one current or former member

If your LLC was formed outside of Nevada, you may register in Nevada with the same name or choose to use a different name.

2. Foreign Entity Name (if applicable): If you formed your LLC outside of Nevada, provide the official LLC name as it appears in your home jurisdiction's records.

3. Jurisdiction of Formation (if applicable): Write the jurisdiction where your LLC was originally formed. Include the date and check the box to declare your business is in good standing.

4. Registered Agent

Your registered agent is the person or business who will receive official legal documents for your entity. A registered agent must have a physical address in the state. This can be:

- An individual: a person at least 18 years old.
- A position within the business: an office or other position that is officially named to receive legal papers within and for a business or organization.
- A Commercial Registered Agent: a company authorized to do business in Nevada.

The registered agent must be available during normal business hours to receive legal documents and official government communications for the business.

- A P.O. box may be used for mailing but cannot replace the required physical address.
- They may use an optional mailing address in the state.
- If selecting "Office or Position with Entity," list the position and address.
- If using a commercial agent, only the name is required.
- This person must sign the Certificate of Acceptance in Section 2. If your agent cannot sign this form, attach a separate signed Registered Agent Acceptance form.
- Registered agents who are not a commercial registered agent may provide an email address to receive electronic notifications.

5. Dissolution Date (Optional) If applicable, provide the date when the company will be dissolved, or leave blank for perpetual existence.

6. Profession to be Practiced: (For professional LLC only) Write the profession practiced (e.g., law, medicine).

7. Management: Decide your management structure. Choose one of the following:

- Managers – Individuals or entities who handle daily operations.
- Managing Members – Owners who actively oversee and manage the business.

Instructions for Formation - Limited-Liability Company - Continued

8. Name and Address of Manager(s) or Managing Member(s):

List the name and address of each original Manager or Member.

If you are a Professional LLC (NRS 89): Attach a certificate from the profession's licensing board confirming that each Manager or Member holds a valid license.

Use additional sheets if needed.

9. Series and/or Restricted Limited-Liability Company (Select if your business is):

- Series LLC – Allows multiple divisions within one LLC.
- Restricted LLC – Limits how assets and profits are shared among members.

10. Records Office (for Foreign LLCs): Provide the office address where member records (names, addresses, capital contributions) are kept. These records must be maintained until the business cancels or withdraws its registration in Nevada.

11. Street Address of Principal Office (for Foreign LLC) Provide the required office address from your home jurisdiction. Or if no such office exists, list the principal office address instead.

12. Name, Address and Signature of the Organizer:

- Domestic LLC is to provide Name, Address and Signature of the Organizer
- Foreign LLC is to provide Manager or Member Name and Signature
- **Important for Professional LLC:** each organizer must be an individual and must provide proof of a valid license from the appropriate licensing board.

Additional information

Restricted words Certain words in a business name or purpose may require approval from a Nevada regulatory agency or proof of professional licensure.

Review the restricted word list at <https://www.nvsos.gov/sos/businesses/commercial-recordings/restricted-word-list> to determine whether additional approval or documentation must be submitted with your filing.

Attach Initial List and State Business License Form. Include the Initial List and State Business License with this form. This is required.

Include your payment for this filing.

- Articles of Organization: \$75.00
- Initial list of Managers or Members (\$150.00) and State Business License (\$200.00), for a total of \$350.00

You can file online at www.nvsos.gov. Filing online may reduce processing time and help ensure your submission is not delayed.

If you are not filing online, submit your form and payment by mail or in person, and make your check payable to "Nevada Secretary of State."

Mailing address:

Carson City
401 North Carson Street
Carson City, NV 89701-4201

Downtown Las Vegas
70 E. Bonneville Ave., Suite
100 Las Vegas, NV 89101

S. Las Vegas
1 State of Nevada Way
Las Vegas, NV 89119

401 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708

ABOVE SPACE IS FOR OFFICE USE ONLY

Formation - Limited-Liability Company

- ☐ NRS 86 - Articles of Organization, Limited-Liability Company
- ☐ NRS 89 - Articles of Organization, Professional Limited-Liability Company
- ☐ NRS 86.544 - Registration, Foreign Limited-Liability Company
- ☐ NRS 89 - Registration of Foreign, Professional Limited-Liability Company

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Name Being Registered in Nevada:			
2. Foreign Entity Name: (Name in home jurisdiction)			
3. Jurisdiction of Formation: (Foreign LLC)	3a) Jurisdiction of formation	3b) Date formed:	
	3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐		
4a. Registered Agent: (Check only one box)	☐ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or Position with Entity (title and address below)		
	 Name of Registered Agent OR Title of Office or Position with Entity		
			Nevada
	Street Address	City	Zip Code
			Nevada
	Mailing Address (If different)	City	Zip Code
4b. Electronic Notification: (optional)	Email address for electronic notifications (Not applicable to Commercial Registered Agents) 		
4c. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X _____ Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		
5. Dissolution Date: (Optional, Domestic LLC/PLLC only)	Optional: Latest date upon which the company is to dissolved, if existence is not perpetual: 		
6. Profession to be Practiced: (Professional LLC only)			

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Formation - Limited-Liability Company

Continued, Page 2

7. Management: (Domestic LLC only)	Company shall be managed by: (check one box) ☐ Manager(s) OR ☐ Member(s)
8. Name and Address of each Manager(s) or Managing Member(s): Domestic and Foreign LLC: Name and Address of the Original Manager(s) and Member(s): Professional LLC must submit a certificate from the regulatory board showing that each individual is licensed at the time of filing.	1) Name Country, if outside the U.S. Street Address City State Postal Code 2) Name Country, if outside the U.S. Street Address City State Postal Code 3) Name Country, if outside the U.S. Street Address City State Postal Code
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if the business is a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: Check box if the business is a Restricted Limited-Liability Company ☐
10 Records Office: (Foreign LLC)	 Address City State Postal Code
11. Street Address of Principal Office: (Foreign LLC)	 Address City State Postal Code
12. Name, Address and Signature of the Organizer - Domestic LLC Manager or Member Name and Signature - Foreign LLC Professional LLC: Each organizer must be an individual and must provide proof of a valid license from the appropriate licensing board.	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced, or the agent's authority has been revoked, or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. First Name Last Name Address City State Postal Code X _____ (attach additional page if necessary)

AN INITIAL LIST OF MANAGERS OR MEMBERS MUST ACCOMPANY THIS FILING

Instructions for Initial List and State Business License

IMPORTANT: read all instructions carefully before completing form.

TYPE or PRINT the following information and submit the filing with business formation filing and payment.

Name of entity

Enter the name of your business.

Optional business information: Industry Code(s):

The Secretary of State uses the North American Industry Classification System (NAICS) to help figure out what type of work your business does. This helps local government agencies track economic growth and make sure your business meets any related rules or requirements.

If you do not know or cannot find your industry code(s), email naics@census.gov. You can also search North American Industry Classification System (NAICS) U.S. Census Bureau (<https://www.census.gov/naics/>), or call 1-888-75NAICS.

Optional business information: How does your business identify?

According to NRS 75A.320, when you apply for or renew a state business license, you can inform the state whether your business is minority-owned, woman-owned, veteran-owned, or LGBTQ-owned. This helps connect you with programs that may offer resources for your business.

Business Location

- If you are filing a Nonexempt Business License Annual List, according to NRS 76.100(2)(b), you must provide the address of your business location(s) in this state.
- If you have more than one location, please include an extra page with the details.
- If you do not have a location in this state, we will consider the address of your registered agent as your business address in this state.

State Business License Exemptions

Your business, or entity, is only eligible for a fee exemption if it is a government entity, a certain type of insurance company or a non-profit limited-liability company.

A government entity means your business is a state or federal government agency or owned by the government. This includes any county, city, town, district or other political subdivision for this or any other state. Check the box if this applies to you. Include which government branch you are an entity of.

If you have a license or certificate from the Division of Insurance, you do not need a business license. Provide the license or certificate of authority number in the box.

If you are a nonprofit limited-liability corporation under NRS Chapter 86, you must maintain a Nevada state business license unless you hold tax-exempt status under 26 U.S.C. § 501(c). The state business license fee is \$200.00. Check the box if you are claiming an exemption because you are a nonprofit. Include the IRS Group Ruling Letter or other proof from the IRS showing your nonprofit status.

Instructions for Initial List and State Business License

Investigation Disclosure

If you are a limited-liability company, limited partnership, or limited-liability limited partnership:

- Select "Yes" if your company, its parent, or subsidiaries faced any investigations involving trade restraints in the last 5 years that resulted in fines or penalties
- Select "Yes" if your company controls 25% or more of the market share for any product sold or distributed within the state
- If you chose "yes" to both questions, provide details for each investigation, including jurisdiction, summary, litigation documents, and outcome
- Include the \$100,000 fee

Entity Management

Your organization's management type is determined by the type of business on file. The list below shows what management is applicable for each organization type.

- Domestic limited-liability company: managed by managers or managing members as indicated in your Articles of Organization
- Limited partnership/limited liability limited partnership: managed by general partners
- Limited-liability partnership: managed by managing partners
- Business trust: managed by trustees

If you are a foreign limited liability company, select if you are a manager or member.

If submitting your organization's management list manually, only the members and employees listed on the form will appear in the system and be visible online. List any additional positions or officers on attached pages. Attached pages become part of the official record but will not appear online.

If submitting your organization's management list online, list only members and employees. All listed members and employees will be visible online.

Signature

A real person in management, not a company or organization, must sign this form.

Examples include managers, trustees, general partners, or someone the business has authorized to sign.

Include payment of \$350.00 for this filing. (\$150.00 Initial list of management and \$200.00 State Business License). If exempt from the state business license, pay \$150.00.

You can file online at www.nvsos.gov. Filing online may reduce processing time and help ensure your submission is not delayed.

If you are not filing online, submit your form and payment by mail or in person, and make your check payable to "Nevada Secretary of State."

Mailing address:

Carson City
401 North Carson Street
Carson City, NV 89701-4201

Downtown Las Vegas
70 E. Bonneville Ave., Suite 100
Las Vegas, NV 89101

S. Las Vegas
1 State of Nevada Way
Las Vegas, NV 89119

401 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708

Initial List and State Business License

NAME OF ENTITY

Optional business information:

Industry Code(s):

Your business industry code is:

If you do not know or cannot find your industry code(s): please email naics@census.gov, search North American Industry Classification System (NAICS) U.S. Census Bureau (<https://www.census.gov/naics/>), or call 1-888-75NAICS.

Optional business information: How does your business identify?

Select the classification that best describes your business to determine eligibility for available assistance programs:

- ☐ **Minority-owned business**
A business where a minority person or a group of persons with a minority background own a majority stake of at least 51%
- ☐ **Woman-owned business**
A business where a woman or group of women own a majority stake of at least 51%
- ☐ **Veteran-owned business**
A business where a veteran or group of veterans (as defined by NRS 417.005) own a majority stake of at least 51%
- ☐ **A LGBTQ-owned business**
A business where a person or group of individuals identifying as LGBTQ own majority stake of at least 51%
- ☐ **None of the above**

Self-classification is used for public record and is not an Official Certification.

Business Location for nonexempt business licenses, according to NRS 76.100(2)(b), you must provide the address of your business location(s) in this state. If you have more than one location, please include an extra page with the details.

Nevada
Address City Postal Code

- ☐ There is no location in this state. The address of its registered agent will be the location in this State of its place of business.

Initial List and State Business License – Continued

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ **001 - Governmental Entity** You do not need a state business license if the entity is a Governmental Entity. According to NAC 76.040, a "Governmental entity" is:

- The government of the United States, this State, or any other state or territory of the United States, or an agency or instrumentality of these.
- A corporation wholly owned by the U.S. government.
- A county, city, town, district, or other political subdivision of this State or any other state or territory of the United States.

Please indicate the branch of governmental ownership.

☐ **006 - Insurance Business** You do not need a state business license if you have a license or certificate from the Division of Insurance under NRS 75.

Please provide the license or certificate of authority number:

Non-profit Limited-Liability Company Exemption: Non-profit Limited Liability Companies under NRS Chapter 86 must maintain a Nevada state business license unless they hold tax-exempt status under 26 U.S.C. § 501(c). The fee for the state business license is \$200.00. If claiming an exemption based on 501(c) status, please indicate this by checking the appropriate box below.

☐ **002 - Non-profit** According to NRS Chapter 76, this entity is a 501(c) nonprofit and does not have to pay the business license fee. Please provide the IRS Group Ruling Letter or other proof from the IRS showing your nonprofit status.

Investigation disclosure: Limited-Liability Companies, Limited Partnership and Limited-Liability Limited Partnerships please provide the following information:

In the past 5 years, has the company, its parent, or its subsidiaries faced five or more investigations in the United States, including state and federal investigations, that:

- Involve alleged contracts, combinations, or conspiracies to restrain trade, as described in NRS 598A.060 or similar laws in other jurisdictions; and
- Resulted in fines, penalties, required divestitures, or restrictions on acquiring holdings as part of the settlement or resolution? ☐ Yes ☐ No

Additionally, does the company control 25 percent or more of the market share for any product sold or distributed within this State? ☐ Yes ☐ No

If the answer is "yes" to both questions, provide the following information for each investigation:

Jurisdiction:

Where the investigation took place

Summary of Investigation:

A brief description of the investigation, including the facts and circumstances

Litigation Documents:

Copies of all legal documents filed if the investigation led to criminal or civil litigation

Outcome Summary:

Details of the investigation's outcome, including any fines, penalties, required divestitures, or restrictions on acquiring holdings

Include the \$100,000 fee to be deposited in the Attorney General's Administration Budget Account for investigating alleged trade restraints as described in NRS 598A.060 and NRS 598A.440.

Initial List and State Business License – Continued

Foreign Limited Liability Companies - Indicate management structure.

If you are any other entity, your organization's management list is based on your entity type.

☐ Manager Managed ☐ Member Managed

Management per NRS:

Name Country, if outside the U.S.

 Address City State Postal Code

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Name Country, if outside the U.S.

 Address City State Postal Code

Management per NRS:

Name Country, if outside the U.S.

 Address City State Postal Code

Management per NRS:

Name Country, if outside the U.S.

 Address City State Postal Code

Declaration under penalty of perjury:

- The entity/business has complied with the provisions of Chapter 76 of NRS;
- The entity/business acknowledges that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing with the Office of the Secretary of State; and
- None of the management identified in the list has been identified in the list with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

A real person in management, not a company or organization, must sign this form. Examples include managers, trustees, general partners, or someone the business has authorized to sign.

Print First Name Print Last Name Print Title

X

Date

FORM WILL BE RETURNED IF UNSIGNED.

Instructions

Customer Order Instructions

401 North Carson Street Carson City, Nevada
89701-4201 (775) 684-5708

Type or print your responses clearly.

Customer order instructions:

- Use this form for any filings you submit with the Secretary of State.
- Or if you are not using the Customer Order form, write a short cover letter that says what type of processing service you want. Include your phone number and return mailing address. Attach the cover letter to your filing.

Processing service requested: Select what service you want for your filing:

- **Regular Service**
 - We will process your filing in the order that it was received with other submissions. There is no extra fee for this service.
- **24-Hour Expedite Service:** The expedite fee for 24-hour service ranges from:
 - \$25.00 for Registered Agent changes and Resignation of Management;
 - \$50.00 for Name Reservations;
 - \$75.00 for Apostilles;
 - \$125.00 for most other services.

Check the fee schedule for your filing fee. If you need additional help, call 775-684-5708.

- **2-Hour Expedite Service:**
 - You must pay a \$500.00 fee for 2-hour expedite service. This is an additional fee on top of the standard filing or order fee.
- **1-Hour Expedite Service:**
 - You must pay a \$1,000.00 fee for 1-hour expedite service. This is an additional fee on top of the standard filing or order fee.

Contact Information: Enter your contact information, including the date, your name, phone number, and the entity you're filing for. Include your return address.

Return Delivery: Select which option you want for return delivery:

- Email
- Fax
- Hold for pickup
- Mail to address above
- FedEx

Other Description section: Describe how you want your documents returned if the options above do not meet your needs. You can also use this section to describe other services you need. Example: Requesting certified copies of the filing submitted.

Payment method Select how you'll pay for this filing. If you are using a trust account or the remaining balance in a work order, include those account numbers. If you are using a credit card, fill out the ePayment Checklist form.

Important information:

- We will begin processing your filing on the date we receive your form with no errors. This includes expedited orders. If there are errors or issues with your filing, we may not be able to expedite it.
- In rare cases, we may extend the expedite period due to high demand, staff shortages, or equipment problems. These extensions usually last only a few hours.

Submit your filings

You can file online at www.nvsos.gov. Filing online may reduce processing time and help ensure your submission is not delayed.

If you are not filing online, submit your form and payment by mail or in person, and make your check payable to "Nevada Secretary of State."

Mailing address:

Carson City
401 North Carson Street
Carson City, NV 89701-4201

Downtown Las Vegas
70 E. Bonneville Ave., Suite 100
Las Vegas, NV 89101

S. Las Vegas
1 State of Nevada Way
Las Vegas, NV 89119

Customer Order Instructions

401 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested:

- ☐ Regular Service ☐ 24-Hour Expedite
(additional \$25.00 to \$125.00 fee) ☐ 2-Hour Expedite
(additional \$500.00 fee) ☐ 1-Hour Expedite
(additional \$1000.00 fee)

Contact Name: Date:

Return to:

Phone:

Reference Entity or Mark:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

- ☐ Email to: ☐ Fax to:
☐ Hold for Pick Up ☐ Mail to Address Above ☐ FedEx: Acct #
☐ Other: (explain below in Other Description section)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page

Total Amount:

Method of Payment:

- ☐ Check/Money Order ☐ Credit Card (attach ePayment checklist) ☐ Trust Account:
☐ Use balance remaining in Work Order #

PRINT

ePayment Checklist

401 North Carson Street Carson City, Nevada 89701-4201
 (775) 684-5708

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ Regular Processing Service ☐ 24-HOUR Expedite Processing Service
☐ 2-HOUR Expedite Processing Service ☐ 1-HOUR Expedite Processing Service

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Amount Authorized to Charge: \$ _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
 *3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
 4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!

 This section will be destroyed after the payment is processed.

Limited-Liability Company Fee Schedule

401 North Carson Street Carson City, Nevada 89701-4201
(775) 684-5708

LIMITED-LIABILITY COMPANY FEES: Pursuant to NRS 86 for both Domestic and Foreign Limited-Liability Companies.

PLEASE NOTE: the expedite service fee is in addition to the standard filing fee charged on each filing and/or order.

Articles of Organization	\$75.00
Registration of Foreign Limited-Liability Company	\$75.00
Reinstatement Fee	\$300.00
Certificate of Amendment	\$175.00
Restated Articles	\$175.00
Certificate of Correction	\$175.00
Certificate of Termination (pursuant to NRS 86.226)	\$175.00
Articles of Merger	\$350.00
Termination Pursuant to NRS 92A	\$350.00
Dissolution of Domestic Limited-Liability Company	\$100.00
Dissolution of Foreign Limited-Liability Company	\$100.00
Preclearance of any Document	\$125.00
Articles of Conversion – contact office for fee information	
Articles of Domestication – contact office for fee information	
Revival of Limited-Liability Company – contact office for fee information	
Ceremonial Charter	\$100.00
Certificate of Good Standing	\$50.00
Ceremonial Certificate of Good Standing	\$100.00
Initial List of Managers or Members	\$150.00
Annual or Amended List of Managers or Members	\$150.00
24-Hour Expedite fee for above filings	\$125.00
Apostille	\$20.00
24-Hour Expedite fee for above filing	\$75.00
Name Reservation	\$25.00
24-Hour Expedite fee for above filing	\$50.00
Change of Noncommercial Registered Agent	\$60.00
Change of Registered Agent by Represented Entity	\$60.00
Resignation of Manager or Managing Member	\$75.00
Resignation of Registered Agent (plus \$1.00 for each additional entity listed)	\$100.00
24-Hour Expedite fee for above filings	\$25.00
Certification of Documents – per certification	\$30.00
Copies – per page	\$2.00
Late Fee for List of Managers or Members	\$75.00
Business License Fee	\$200.00
Business License Late Fee	\$100.00

2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.

1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.