



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR ARTICLES OF ORGANIZATION For Conversion From Partnership or Limited Partnership to Limited Liability Company (Act 479 of 1997 and A.C.A § 4-32-1202)

The undersigned hereby states that the partnership/limited partnership state below was converted to a limited liability company, as approved by all of the partners or by a number or percentage of the partners specified for conversion in the partnership agreement. If the entity was a limited partnership, the certificate of limited partnership is canceled as of the effective date of the conversion.

1. Former Name of Partnership or Limited Partnership: _____

2. Number of votes cast by partners: For _____ Against _____

If less than unanimous, the number or percentage required for approval: _____

3. Effective Date (if later than date filed with the Secretary of State): _____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Signature of authorized manager, member or person forming this Company: _____

Authorizing Officer (Type or Print) _____

Authorized Signature _____ Date _____

AFFIDAVIT

State of _____

County of _____

Subscribed and sworn to before me, a Notary Public, within and for the county of _____,

and the State of Arkansas this _____ day of _____.

My commission expires: _____

Signature of Notary Public (Please apply seal below)

Please note that this form may be filed only in conjunction with the Certificate of Organization form for Limited Liability Companies.

Filing Fee: \$15.00 payable to Arkansas Secretary of State



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

Certificate of Organization for Limited Liability Company

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Limited Liability Company under the Uniform Limited Liability Company Act, Act 1041 of 2021 Arkansas Code Annotated § 4-38-201, adopts the following Certificate of Organization of such Limited Liability Company:

1. The Name of the Limited Liability Company is : _____

- * Must contain the words "Limited Liability Company," "Limited Company," or the abbreviation "L.L.C.," "L.C.," "LLC," or "LC." The word "Limited" may be abbreviated as "Ltd.", and the "Company" may be abbreviated as "Co."
- * Companies which perform a professional service **MUST** additionally contain the words "Professional Limited Liability Company," "Professional Limited Company," or the abbreviations "P.L.L.C.," "P.L.C.," "PLLC," or "PLC" and not contain the name of a person who is not a member except that of a deceased member. The word "Limited" may be abbreviated as "Ltd.", and the "Company" maybe abbreviated as "Co."

2. Address of the principal office of business of the Limited Liability Company shall be:

(Physical Street Address) (City, State & Zip)

3. The name and address of the registered agent of this company shall be: _____
(Name)

(Physical Street Address) (City, State & Zip)

4. The name and title of at least one officer for franchise tax purposes: (attach additional page, if needed)

Name	Title (Member or Manager)
_____	_____
_____	_____
_____	_____

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this _____ day of _____, _____.

(Signature of Organizer) (Typed or printed name)

(Signature of Organizer) (Typed or printed name)



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

Limited Liability Company Franchise Tax

Please Type or Print

In order for this limited liability company to receive its annual franchise tax reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Limited Liability Company name as used in Arkansas

Contact person

Street address or Post Office Box number

City, State, ZIP

Telephone number

E-mail address

IRS link for obtaining a Federal Tax ID: <https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

Federal Tax ID:

I affirm that franchise taxes are due by May 1st of the year following formation of this entity.

Signature

Title