

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

# ARTICLES OF ORGANIZATION

## DOMESTIC LIMITED LIABILITY COMPANY

SDCL 47-34A-203, 212

**FILING FEE: \$165** *(includes \$15 paper filing fee)*  
Make Check payable to **SECRETARY OF STATE**

### Article I

The name of the company:

Note: The name must contain Limited Liability Company, Limited Company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co. (SDCL 47-34A-105, 47-1A-401)

### Article IA

The purpose or purposes for which the LLC is to be organized: *(Optional)*

### Article II

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business:

Actual Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address *(Optional)* \_\_\_\_\_

### Article III

SDCL 59-11-6

The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: A)** noncommercial registered agent (this may be an individual) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

**(a)** The South Dakota Noncommercial Registered Agent's name: \_\_\_\_\_

Actual Street Address in this State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address in this State, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address *(Optional)* \_\_\_\_\_

**(b)** When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Name \_\_\_\_\_ CRA# \_\_\_\_\_

## Article IV

The name and address of each organizer:

Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4

## Article V

The duration of the company if other than perpetual is \_\_\_\_\_

## Article VI

Check one:

The company will be member-managed.

The company will be manager-managed.

If the company is to be manager-managed, please state the name and address of each initial manager:

Manager	Street Address	City	State	Zip+4
Manager	Street Address	City	State	Zip+4
Manager	Street Address	City	State	Zip+4

## Article VII

Beneficial owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any questions under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provided legal advice.

Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4
Name	Street Address	City	State	Zip+4

## Article VIII

Any other provisions not inconsistent with law, which the members elect to set out in the Articles of Organization: *(You may attach additional pages if necessary)*

The Articles of Organization must be executed by the organizers. No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Organizer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title