

## **INSTRUCTIONS**

**All required sections must be completed.**

**Note: this form can be filed online at [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov).**

1. Name of Limited Liability Company: The name MUST INCLUDE a business designation, such as Limited Liability Company, LLC, L.L.C., Limited Liability Co., Ltd. Liability Company, or Ltd. Liability Co. Professional LLCs must contain P.L.L.C., PLLC, Professional Limited Liability Company. Limited may be abbreviated "Ltd" and Company may be abbreviated "Co" and the name must be distinguishable from all other active business names on record with this office.
2. Principal Office: Include street number, street name, city, state and zip code. NO P.O. BOX.
3. Mailing Address: Include street number, street name, city, state and zip code. P.O. BOX is acceptable.
4. Appointment of registered agent: **THE LIMITED LIABILITY COMPANY MAY NOT BE ITS OWN AGENT**. An individual or business entity (other than this LLC) must be appointed to accept legal process, notice or demand served upon the limited liability company. The agent may be EITHER:
  - a. Any individual who is a resident of Connecticut, including a member or manager of the LLC.
    - An individual must provide the complete street address of his or her business, a Connecticut residence address and a Connecticut mailing address. (If no business address, must state none).
    - The agent must sign accepting the appointment.
  - OR**
  - b. One of the following business types, on record with this office, with a Connecticut address:
    - A Connecticut corporation, limited liability company, limited liability partnership or statutory trust.
    - A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office.
    - Provide the Connecticut principal office address at "Business address" and the Connecticut mailing address at "mailing address". The agent must sign accepting the appointment and the person signing on behalf of a business must print his/her name and title next to his/her signature.
    - The agent must sign accepting the appointment.
5. Member or manager information: The limited liability company must list the name, title, business and residence address of at least one member or manager of the limited liability company (if no business address, must state none). Include street number, street name, city, state and zip code and check the appropriate box under "TITLE". (Additional member(s) and manager(s) information may be included on an attached 8 ½ x 11 sheet.)

Note: LLCs may have as many members/managers as they wish. However, only three will be displayed on the CONCORD business inquiry page. Additional names will be available by requesting copies of the original filing.
6. Email Address: If none, must state "NONE". The Secretary of the State will notify entities via email when their Annual Reports are due.
7. Execution: The organizer (person forming the LLC) must print or type his/her full name and provide a signature. Note that the execution is made under the penalties of false statement, certifying that the information provided in the document is true. If the organizer is another business entity, the person signing on behalf of the business entity must provide his/her full name and title for the organizing entity. **THE LIMITED LIABILITY COMPANY ITSELF MAY NOT BE ITS OWN ORGANIZER, BUT A MEMBER/MANAGER OF THE LLC MAY BE THE ORGANIZER.**

**\*\*\*YOU ARE REQUIRED TO FILE A CERTIFICATE OF DISSOLUTION IF YOU DISSOLVE YOUR BUSINESS. \*\*\***



# SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: BUSINESS SERVICES DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY – DOMESTIC

**FILING FEE: \$120**  
MAKE CHECKS PAYABLE TO  
"SECRETARY OF THE STATE"

C.G.S. §34-247

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):	
NAME:	
MAILING ADDRESS:	
CITY:	
STATE:	ZIP:
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED:</b> (MUST INCLUDE BUSINESS DESIGNATION I.E. L.L.C., LLC)	
<b>2. PRINCIPAL OFFICE ADDRESS - REQUIRED</b> (NO P.O. BOX) - PROVIDE FULL ADDRESS	
STREET:	
CITY:	
STATE:	ZIP:
<b>3. MAILING ADDRESS - REQUIRED</b> PROVIDE FULL ADDRESS. - P.O. BOX IS ACCEPTABLE	
STREET OR P.O. BOX:	
CITY:	
STATE:	ZIP:
<b>4. APPOINTMENT OF REGISTERED AGENT - REQUIRED</b> (COMPLETE A OR B NOT BOTH)	
<b>A. IF AGENT IS AN INDIVIDUAL:</b>	
_____	<b>x</b> _____
<b>PRINT OR TYPE NAME</b>	<b>SIGNATURE ACCEPTING APPOINTMENT:</b>
<b>BUSINESS ADDRESS - REQUIRED</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST CHECK "NONE"	<b>CONNECTICUT RESIDENCE ADDRESS - REQUIRED</b> (P.O. BOX NOT ACCEPTABLE)
<input type="checkbox"/> CHECK IF NONE	
STREET:	STREET:
CITY:	CITY:
STATE:                                      ZIP:	STATE:                                      ZIP:
<b>CONNECTICUT MAILING ADDRESS - REQUIRED:</b> (P.O. BOX ACCEPTABLE)	
STREET OR P.O. BOX:	
CITY:	
STATE:	ZIP:

Note: DO NOT COMPLETE 4B IF AGENT APPOINTED IN 4A.

**B. IF AGENT IS A BUSINESS:**

\_\_\_\_\_  
PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS

X \_\_\_\_\_  
SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT

\_\_\_\_\_  
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF AGENT

**CONNECTICUT BUSINESS ADDRESS - REQUIRED**  
*(P.O. BOX UNACCEPTABLE)*

**CONNECTICUT MAILING ADDRESS - REQUIRED**  
*(P.O. BOX ACCEPTABLE)*

STREET:  
CITY:  
STATE: ZIP:

STREET OR P.O. BOX:  
CITY:  
STATE: ZIP:

**5. MANAGER OR MEMBER INFORMATION - REQUIRED**  
*(MUST LIST AT LEAST ONE MEMBER OR MANAGER OF THE LLC) (ATTACH 8 1/2 X 11 SHEETS IF NECESSARY)*

FULL NAME	TITLE	BUSINESS ADDRESS (NO P.O. BOX)	RESIDENCE ADDRESS (NO P.O. BOX)
		CHECK IF NONE	
	MEMBER		
	MANAGER		
	MEMBER		
	MANAGER		

**6. ENTITY EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE") DO NOT LEAVE BLANK**

**7. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)**

DATE (MM/DD/YYYY) \_\_\_\_\_

NAME OF ORGANIZER (PRINT/TYPE) (THE LLC CANNOT BE ITS OWN ORGANIZER)	SIGNATURE
	X _____

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE FOLLOWING YEAR THAT THE ENTITY WAS FORMED/REGISTERED BETWEEN JANUARY 1ST AND MARCH 31ST AND CAN BE EASILY FILED ONLINE @ [WWW.CONCORD-SOTS.CT.GOV](http://WWW.CONCORD-SOTS.CT.GOV).

CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX. TAX PAYER SERVICE CENTER: (860) 297-5962 OR @ [WWW.CT.GOV/DRS](http://WWW.CT.GOV/DRS).