



Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: www.business.ct.gov

EMAIL: crd@ct.gov

OFFICE USE ONLY
(Label)

CERTIFICATE OF ORGANIZATION

LIMITED LIABILITY COMPANY: DOMESTIC - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

TELEPHONE NUMBER:

FILING FEE: \$120

Make checks payable to
"Secretary of the State"

1. NAME OF LIMITED LIABILITY COMPANY (REQUIRED - Must include business designation (e.g., LLC, L.L.C., etc.):

2. PRINCIPAL OFFICE ADDRESS (REQUIRED - Provide full address. P.O. Box unacceptable.):

STREET:

CITY:

STATE:

ZIP:

3. MAILING ADDRESS (REQUIRED - Provide full address. P.O. Box acceptable.):

STREET OR P.O. BOX:

CITY:

STATE:

ZIP:

NOTE: COMPLETE EITHER 4A OR 4B ON THE FOLLOWING PAGE, NOT BOTH.

4. APPOINTMENT OF REGISTERED AGENT (REQUIRED):

A. If Agent is an individual, print or type full legal name: _____

Signature accepting appointment ► _____

BUSINESS ADDRESS
(REQUIRED - No P.O. Box):

CHECK BOX IF NONE:

CONNECTICUT RESIDENCE ADDRESS
(REQUIRED - No P.O. Box):

STREET:

STREET:

CITY:

CITY:

STATE:

ZIP:

STATE:

CT

ZIP:

CONNECTICUT MAILING ADDRESS (REQUIRED):

(P.O. Box IS acceptable):

STREET OR P.O. BOX:

CITY:

STATE:

CT

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NOTE: DO NOT COMPLETE 4B BELOW IF AGENT APPOINTED IN 4A ON THE PREVIOUS PAGE.

B. If Agent is a business, print or type name of business as it appears on our records: _____

Signature accepting appointment on behalf of agent: ► _____

Print full name and title of person signing on behalf of agent: _____

CONNECTICUT BUSINESS ADDRESS
(REQUIRED - No P.O. Box):

STREET:
CITY:
STATE: CT ZIP:

CONNECTICUT MAILING ADDRESS
(REQUIRED - P.O. Box IS acceptable):

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

5. MANAGER OR MEMBER INFORMATION (REQUIRED):
(Must list at least one Manager or Member 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)
	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Check if none <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP:	ADDRESS: CITY: STATE: ZIP:
	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Check if none <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP:	ADDRESS: CITY: STATE: ZIP:

6. ENTITY E-MAIL ADDRESS (REQUIRED): NONE
 Check box if none. Do not leave blank.

7. NAICS CODE (REQUIRED - six digits):

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8. EXECUTION / SIGNATURE (REQUIRED - Subject to penalties of false statement):

DATE (mm/dd/yyyy): _____ / _____ / _____

NAME OF ORGANIZER (print / type) (THE LLC CANNOT BE ITS OWN ORGANIZER)	SIGNATURE
	►

CERTIFICATE OF ORGANIZATION
LIMITED LIABILITY COMPANY: DOMESTIC

INSTRUCTIONS (All required sections must be completed):

Note: this form can be filed online at www.business.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, or 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 his/her complete business address (or state "none"), Connecticut residence address and Connecticut mailing address.
 - The Agent must sign accepting the appointment.
 - or**
 - B. One of the following business types, already on record with this office, with a Connecticut address:
 - A Connecticut corporation, limited liability company, limited liability partnership, or statutory trust.
 - *The Limited Liability Company may not be its own agent.*
 - 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 address, 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 1/2" 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 check box "none." The Secretary of the State will notify entities via email when their Annual Reports are due.
7. **NAICS CODE:** (Go to www.census.gov/naics) 1-888-756-2427. (business / occupation / profession code)
8. **EXECUTION / SIGNATURE:** The organizer (person forming the LLC) must print or type his/her full name and provide a signature. Note that the execution/signature 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.

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 at www.ct.gov/annualreport.

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. Taxpayer Service Center: (860) 297-5962 or www.ct.gov/drs.

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

OFFICE OF THE SECRETARY OF THE STATE

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
165 CAPITOL AVENUE, SUITE 1000
HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: crd@ct.gov