

State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION

PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

RESTATED ARTICLES OF ORGANIZATION

Domestic Limited Liability Company AS 10.50.105

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (Please retain for your records):

NOTICE: The Restated Articles of Organization will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- o Are the members/managers up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at www.commerce.alaska.gov/occ. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the members/managers have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

Refer to Alaska Statutes 10.50.105. A corporation may at any time adopt a restatement of its Articles of Organization, which shall integrate into a single document the text of its original articles, merger or consolidation, together with all amendments previously adopted. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: Indicate the date the original Articles of Organization were filed, and attach a copy of the Restated Articles of Organization.

ITEM 3: The Restated Articles of Organization must be signed by a member, manager, or Attorney-in-Fact.

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects, is guilty of a class A misdemeanor.

Mail the Restated Articles of Organization and the non-refundable \$25.00 filing fee in U.S. dollars to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only

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\$25.00 Fi	ling Fee (non-refunda	able)				
restated article		nout change, the corr	esponding	provisions of the a	a Statutes 10.50.105. The articles as amended to the ents to them.	
ITEM 1: Name of the entity:				Alaska Entity #:		
ITEM 2: Attacl	n a copy of the Restate	d Articles of Organiz	ation.			
Date the orig	inal Articles of Organiz	ation were filed:				
ITEM 3: The F	Restated Articles of Org	anization must be si	gned by a r	member, manager,	, or Attorney-in-Fact.	
Signature		Printed name	Т	itle	Date	
	lf of a member or manager wh n Smith, President of XYZ Inc.			lationship and signing a	uthority with the member entity.	

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects, is guilty of a class A misdemeanor.

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Office	e Use O	nly	COR	Ρ

CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE**: this form will not be filed for record or appear online.

Name of entity as it appears on filing:		
To resolve questions with this filing, cont	tact:	
Name:		
Email:	Phone:	
Mailing address:		
Return documents to:		
Name:		
Company:		
Mailing address:		

Attach this form to your filings. Send all documents to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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FOR DIVISION USE ONLY

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Credit Card Payment F	orm	
All major credit cards are accepted Include this credit card payment fo	l. For security purposes, <u>do not email</u> credit card information. rm with your application.	
Name of Applicant or Licensee: _		
Program Type:	License Number (if applicable):	
I wish to make payment by credit o	eard for the following (check all that apply):	NT
Application Fee:		
License or Renewal Fee:		
Other (name change, wall o	ertificate, fine, duplicate license, exam, etc.):	
1		
	TOTAL:	
Name (as shown on credit card):		
Mailing Address:		
Phone Number:	Email <i>(optional)</i> :	
Signature of Credit Card Holder		
08-4438 Rev 12/26/18	Credit Card Payment Form (all major cards accep	ted)
CREDIT CARD INFO: Your pa	yment cannot be processed unless all fields are complete	ed!
1. Account Number:	All four fields MUS	
2. Expiration Date:	be completed!	
3. Billing ZIP Code:	This section will be destroyed after the	
4. Security Code:	payment is process	