



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Corporations Section

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Corporations@Alaska.Gov

Website: Corporations.Alaska.Gov

Articles of Organization - Domestic Limited Liability Company Instructions (AS 10.50.075)

GENERAL INFORMATION & RESOURCES

This Articles of Organization form will create a Domestic (Alaskan) Limited Liability Company.

Submission: File an online version of this application through www.Corporations.Alaska.Gov, or submit via U.S. mail (do not e-mail). If submitting hard copy, processing times may be up to 3 weeks from the date received. Between October and February, the processing time may be delayed due to renewals. Do not duplicate submissions by filing online and hard copy; this can cause delays and duplicate payments.

Need help? Go to www.Corporations.Alaska.Gov and click "Create or File for a New Entity." This will provide expanded information and guidance concerning the contents of this application. If you do not find the answer to your question at that webpage, e-mail our office at Corporations@Alaska.Gov.

AFTER YOUR ENTITY IS REGISTERED:

Initial Report: From the date of incorporation, an initial report is due within 6 months to report your officers and/or ownership. Go to www.Corporations.Alaska.Gov, click "Initial Report" to file online.

Professional Licensing Section (if applicable): Business activities requiring a professional (occupational) license must obtain the appropriate licensing through www.ProfessionalLicense.Alaska.Gov.

Business Licensing Section: An entity must obtain an Alaska business license prior to engaging in business. An Alaska business license may be applied online through www.BusinessLicense.Alaska.Gov, click "New Alaska Business License."

Other agencies: Depending on the type of work and location, an entity may be required to hold other licenses, registrations, or permits on a municipal, state, or federal level to legally conduct its business activities. It is advised the business conducts a thorough search to ensure compliance with municipal, state, and federal agencies.

FUTURE FILINGS (CORPORATIONS SECTION):

Biennial Report: These reports are due every two (2) years to maintain your entity's status. See also: www.Corporations.Alaska.Gov, click "Biennial Report FAQs."

Registered Agent: When there are changes to the Registered Agent and/or their addresses in Alaska, submit a Change of Registered Agent form. The Registered Agent must be in Alaska, and this information must be kept updated. See also: www.Corporations.Alaska.Gov, click "Registered Agent FAQs."

Officials/Ownership: When there are changes to the officers/directors, members/managers, or shareholders/owners owning 5% or more, and there is no Biennial Report due, submit a Change of Officials form to keep this information updated.

For more information, go to www.Corporations.Alaska.Gov to open "Notice: The Entity's Responsibility" and review a variety of resources, forms, and FAQs.

You may keep this information sheet for your records. You do not need to submit this with your application.



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Articles of Organization

Domestic Limited Liability Company (AS 10.50.075)

FEES

Required Fees: [] Nonrefundable Filing Fee \$250.00

ARTICLE 1 Legal Name

The legal name of the entity must contain the words "Limited Liability Company," or the abbreviation "L.L.C." or "LLC." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co."

Legal Name:

ARTICLE 2 Purpose & NAICS Code

The purpose of the corporation, which may include "any lawful," and the 6-digit NAICS code that most clearly describes the company's activities. Attach an additional sheet for the purpose if necessary.

Purpose:

NAICS Code:

ARTICLE 3 Registered Agent Information

The registered agent's legal name, physical address, and mailing address within Alaska. The registered agent may be a corporation (excluding LLC, LP, or LLP) or an individual with a physical location in Alaska. The agent must be in Alaska and cannot be out-of-state.

Registered Agent Name:

Physical Address:

Mailing Address:

Street City State Zip
P.O Box or Street City State Zip
Alaska (mandatory)
Alaska (mandatory)

ARTICLE 4 Management

- [] The limited liability company is managed by its members.
- OR -
[] The limited liability company is managed by its managers.

Optional Provisions and Additional Articles

- There are no optional provisions or additional articles.
- OR -
 There are optional provisions or additional articles. *These are attached, continuing at ARTICLE 5.*

SIGNATURES

The printed legal name and signature of one or more organizers. At least one organizer must sign the articles of organization. *Attach an additional sheet if necessary.*

I understand it is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Printed Name of Organizer	Signature of Organizer	Date Signed



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Contact Information

Return this form with your filing.

- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		