



**COMMONWEALTH OF KENTUCKY  
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**Division of Business Filings  
Business Filings**  
PO Box 718, Frankfort, KY 40602  
(502) 564-3490  
www.sos.ky.gov

**Articles of Organization  
Nonprofit Limited Liability Company**

**NLC**

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the non-profit limited liability company is \_\_\_\_\_.

Article II: The street address of the non-profit limited liability company's initial registered office in Kentucky is \_\_\_\_\_.

| Street Address Only (No Post Office Box Numbers)                      | City | State | Zip Code |
|---|------|-------|----------|
| and the name of the initial registered agent at that office is _____. |      |       |          |

Article III: The mailing address of the non-profit limited liability company's initial principal office is \_\_\_\_\_.

| Street Address or Post Office Box Number | City | State | Zip Code |
|--|------|-------|----------|
|--|------|-------|----------|

Article IV: The non-profit limited liability company is to be managed by (must check one):

- \_\_\_\_\_ A. a manager(s).  
\_\_\_\_\_ B. its member(s).

Article V: The purpose of the non-profit limited liability company is:  
\_\_\_\_\_

Article VI: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time \_\_\_\_\_.

|  |  |
|--|--|
| <b>Please indicate the county in which your business operates:</b><br>County: _____  |  |
| <i>To complete the following, please shade the box completely.</i>   |  |
| <b>Please indicate the size of your business:</b><br><input type="checkbox"/> Small (Fewer than 50 employees)<br><input type="checkbox"/> Large (50 or more employees)   | <b>Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:</b><br><input type="checkbox"/> Women-Owned <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Minority Owned |
| <b>Please indicate which of the following best describes your business:</b>  |  |
| <input type="checkbox"/> Agriculture <input type="checkbox"/> Mining <input type="checkbox"/> Services <input type="checkbox"/> Construction<br><input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance, Insurance, Real Estate<br><input type="checkbox"/> Public Administration <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services<br><input type="checkbox"/> Other |  |

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

|  |              |      |
|--|--------------|------|
| Signature of Organizer   | Printed Name | Date |
| Signature of Organizer   | Printed Name | Date |
| Signature of Organizer   | Printed Name | Date |
| I, _____, consent to serve as the registered agent on behalf of the limited liability company. |              |      |
| Print Name of Registered Agent   |              |      |
| Signature of Registered Agent  | Printed Name | Date |

**FILING INSTRUCTIONS  
ARTICLES OF ORGANIZATION**

**NAME**

The limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC" or "LC." The word "Limited," may be abbreviated as "LTD." And the word "Company" may be abbreviated as "CO." A limited liability company name must be distinguishable from any name on record with the Office of the Secretary of State.

**REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

**CONSENT OF REGISTERED AGENT**

Unless the registered agent signs the certificate, the corporation must deliver with the certificate of authority, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the corporation. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**MANAGEMENT**

"Manager(s)" means that the non-profit limited liability company has set forth in its articles of organization that it is to be managed by managers. "Member(s)" means the person(s) who have been admitted to membership in a non-profit limited liability company

**PURPOSE**

A non-profit limited liability company must state the purpose for which it is organized. The purpose can be any lawful purpose or purposes including, but not limited to: charitable; benevolent; eleemosynary; educational; civic; patriotic; political; governmental; religious; social; recreational; fraternal; literary; cultural; athletic; scientific; scientific; agricultural; horticultural; animal husbandry; and professional, commercial, industrial or trade association.

**DELAYED EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

**WHO MAY SIGN**

The documents must be signed by the organizer.

**DOCUMENT DELIVERY**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**ADDITIONAL ARTICLES OF ORGANIZATION OR NEED TO MODIFY THE EXISTING FORM**

If this form does not comply with the articles of organization that you wish to file (ie: additional articles, signatures, etc.), please disregard this form and send an executed copy of the articles of organization to the address below.

**NUMBER OF COPIES**

When filing online with the One Stop Business Portal system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**FILING FEE**

The filing fee for this document is \$40.00. Your check should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Alison Lundergan Grimes  
Office of the Secretary of State  
P. O. Box 718

Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601

Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call our office at 502-564-3490.

**FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES:** The limited liability company must file an **annual report** with the Office of the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Office of the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Office of the Secretary of State whenever a change has occurred involving any of the above categories.