TRANSMITTAL INFORMATION FORM
GEORGIA LIMITED LIABILITY COMPANY

IMPORTANT: Please provide the entity’s primary email address when completing this form.

Primary Email Address:__________________________________________

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. LLC Name Reservation Number (If one has been obtained; if articles are being filed without prior reservation, leave this line blank.)
   LLC Name (List exactly as it appears in articles.)

2. Name* of Person Filing Articles of Organization (Certificate will be emailed to this person at address listed below.)
   Address ____________________________________________ City __________________________ State __________ Zip Code ______
   Filer’s Email Address ____________________________________ Telephone Number __________

3. Principal Office Mailing Address of LLC (Unlike registered office address, this may be a post office box.)
   City __________________________ State __________ Zip Code ______

4. Name* of Registered Agent in Georgia
   Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)
   GA City __________________________ County __________________________ State __________ Zip Code ______
   Registered Agent’s Email Address __________________________________________

5. Name* and Address of Each Organizer (Attach additional sheets if necessary.)
   Organizer ____________________________________________ Address ____________________________________________
   City __________________________ State __________ Zip Code ______
   Organizer ____________________________________________ Address ____________________________________________
   City __________________________ State __________ Zip Code ______

6. Mail the following items to the Secretary of State at the above address:
   1) This Transmittal Information Form;
   2) The Articles of Organization; and
   3) Filing fee of $110.00 ($100 filing fee + $10 paper filing service charge) payable to Secretary of State. Filing fees are non-refundable.

I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.

__________________________________________
Signature of Authorized Person

__________________________________________
Date

Print Name*

* Enter individual’s legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.