

OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE Suite 313 West Tower Atlanta, Georgia 30334 (404) 656-2817 sos.ga.gov

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 PLAIN	JI Y OR TYPE REMAINDER OF THIS FORM					

	NOTICE I	O APPLICANT: PRINT PL	AINLY OR TYPE REM	AINDER OF THIS	3 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	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 LI	LC (Unlike registered office ad	ddress, this may be a post	office box.)					
	City			State	Zip	Code			
4.									
	Name* of Registered Agent in Georgi	a							
	Registered Office Street Address in (Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)							
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	City	County		State	∠ιþ	Zip Code			
	Registered Agent's Email Address								
5.	Name* and Address of Each Organiz	zer (Attach additional sheets if	necessary.)						
	Organizer	Address		City	State	Zip Code			
	Organizer	Address		City	State	Zip Code			
6.	 6. Mail the following items to the Secretary of State at the above address: This Transmittal Information Form; The Articles of Organization; and 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. 								
Si	ignature of Authorized Person			Date					
Pr	rint 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.