

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://sos.oregon.gov/business - 电话: (503) 986-2200

Phone: (503) 986-2200

登记号:	
REGISTRY NUMBER:	

根据俄勒冈州修订法规第 192.410-192.490 款,本申请表所载信息属于公共记录。 | おいまして | まいまして | まい

请用黑色墨水清楚地打印或书写。如有需要,另加纸张。

此有限责任公司将是经理管理的公司, 由一名或多名经理管理。

8. 如果提供一项或多项授权的专业服务,请描述正在提供的服

IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED:

This LLC will be manager-managed by one or more managers.

**务:** ORS 58.015(5)(m)

ORS 58.015(5)(m)

仅供办公使用

riease	e type of Print Legibly in Black ink. Attach Additional Sheet if Necessary.	
1.	有限责任公司名称: (必须包含词语 "Limited Liability (NAME OF LIMITED LIABILITY COMPANY: (Must contain the words "Limited Liability Company" or the abbreviations "LC" or	Company"或缩写词 "LLC" 或 "L.L.C." )
2.	<b>持续时间:</b> (请勾选一项。) DURATION: (Please check one.)	9. <b>选填条款</b> : (如有需要,另附纸张。) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)
	一持续时间应永续。 Duration shall be perpetual.	〇 受益公司:该有限责任公司为2013年俄勒冈州法律第 269 章第 1 - 11 节规定的受益公司。
	〇 有限责任公司解散的 最迟日期为	
3.	Latest date upon which the Limited Liability Company is to dissolve is <b>主要办事处:</b> (必须为实际街道地址) PRINCIPAL OFFICE: (Must be a physical street address)	免责:根据ORS第63.160 - 63.170款,公司选择豁免其成员、经理、员工、代理人的责任和相关开销。 INDEMNIFICATION:The company elects to indemnify its members, managers, employees, agents for liability and related expenses under ORS 63.160 - 63.170.
		○ 参阅附件 SEE ATTACHED  10. <b>此企业每位创办者的姓名和地址</b> : (组织者)
4.	<b>注册代理人:</b> (接受此企业法律服务的个人或实体) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)	NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS: (ORGANIZER)
5.	注册代理人的公开可用地址: (必须为俄勒冈州街道地址,与注册代理人的办公室地址相同。) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's office.)	列出成员和/或经理的姓名和地址 (您的银行可能需要) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES (MAY BE REQUIRED BY YOUR BANK)
		11. <b>所有者: (成员)</b> (姓名和地址) OWNERS: (MEMBERS) (Names and Addresses)
6.		
	ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:	
		12. <b>经理: (经理)</b> (姓名和地址) MANAGERS: (MANAGERS) (Names and Addresses)
7.	此有限责任公司将如何管理? HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?	
	<ul><li>此有限责任公司将是成员管理的公司,</li><li>由一名或多名成员管理。</li></ul>	

13. 直接知情人员 (姓名和地址)

列出至少一名人员的姓名和地址,此人是有限责任公司的成员或经理,

INDIVIDUAL WITH DIRECT KNOWLEDGE (Name and Address)
List the name and address of at least one individual who is a member or manager of the LLC or an authorized representative with direct knowledge of the operations and business activities of the LLC.

或直接知悉有限责任公司的运营和业务活动的授权代表。

## 14. 执行/此企业每位创办者的签名: (组织者)

本人以授权签署人身份声明,根据作伪受罚的规定,本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲个人或有限责任公司任何成员、经理、员工或 代理人的身份。本人已检查此档案,据本人所知所信,档案真实、正确且完整。在本文件中作虚假陈述是违法的,可能受到罚款、监禁或两者兼施的处罚。

EXECUTION/SIGNATURE OF EACH PERSON WHO IS FORMING THIS BUSINESS: (Organizer)

Ideclare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

签名: SIGNATURE:	印刷体姓名: 职衔: TITLE:	
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<b>联系人姓名:</b> (需解决本档案的相关问题) CONTACT NAME: (To resolve questions with this filing)	费用 FEES	
电话号码: (包括区号) PHONE NUMBER: (Include area code)  Articles of Organization - Limited Liability Company (1/20)	必缴手续费 100 美元 Required Processing Fee \$100	
	手续费恕不退还。    支票抬头请写"公司部"。 Processing Fees are nonrefundable.	
	使用企业名称搜索程序可在 http://sos.oregon.gov/business 网站上获取免费副 Free copies are available at http://sos.oregon.gov/business using the Business Name Search program.	本。