



Secretary of State

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 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.)

City County GA 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

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- 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 \$100.00 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