State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

This form is designed to be filled out online for your convenience. Please read the instructions carefully. Complete the necessary information, print, sign and mail.

Print Reset

Articles of Organization

(Submit with filing fee of $105.00)

1. The name of the limited liability company is
   WXYZ Services, LLC
   (Must include "Limited Liability Company," "Limited Company," "LC," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized: _____
   Your Business Activity

3. The name and address of the limited liability company's registered agent in Missouri is:
   John Doe, 1234 Main Street, Kansas City, MO 64101
   Name *Street Address: May not use PO Box unless street address also provided* *City/State/Zip*

4. The management of the limited liability company is vested in: ☐ managers ☐ members *(check one)*

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual
   (The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer *(PO box may only be used in addition to a physical street address)*:
   (Organizer(s) are not required to be member(s), manager(s) or owner(s)
   Legalzoom.com, Inc., 9900 Spectrum Drive, Austin, TX 78717

7. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
   (Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)
All organizers must sign:

LegalZoom.com, Inc.

Organizer Signature *Printed Name* *Date*

Organizer Signature *Printed Name* *Date*

Organizer Signature *Printed Name* *Date*

Name and address to return filed document:

Name: Legalzoom.com, Inc.

Address: 100 W. Broadway, Suite 100

City, State, and Zip Code: Glendale, CA 91210

legalzoom.com SAMPLE