LIMITED LIABILITY COMPANY FORM

Enter your information into the form below; the text within the box will publish exactly as shown/provided.

CERTIFICATION OF ORGANIZATION LIMITED LIABILITY COMPANY

Notice is hereby given that a Certificate of Organization has been filed for

_____

Name of Organization

on or about _____ , with the

Date

Department of State of the Commonwealth of Pennsylvania, pursuant to the provisions of the Pennsylvania Limited Liability Company Act of 1994.

Date(s) requested to publish. (optional)

_____

This will publish in LNP unless the Ephrata Review or the Lititz Record Express is requested in the line above.

Billing Information*

_____ _____

Name Phone

_____

Home Address

_____

Email Address

*Prepayment is required for private parties and new business accounts.