

# 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.

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### Billing Information\*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Email Address

\*Quotes are provided after this form is submitted.  
Prepayment is required for private parties and new business accounts prior to publication.