RESTATED
ARTICLES OF ORGANIZATION
(Oklahoma Limited Liability Company)

Filing Fee: $50.00

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

I hereby execute the following articles for the purpose of **restating** the articles of organization in their entirety for:

_____,
an Oklahoma limited liability company, pursuant to the provisions of Title 18, Section 2011:

1. Name of the limited liability company:

_____

(**Note:** The name **must** contain either the words **limited liability company** or **limited company** or the abbreviations **LLC, LC, L.L.C. or L.C.** The word **limited** may be abbreviated as **Ltd.** and the word **company** may be abbreviated as **Co.**)

2. Date of filing of its original articles of organization: _____

3. Street address of its principal place of business, wherever located:

_____

Street address **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

4. **E-MAIL** address of the primary contact for the registered business:

_____

❖ Notice of the Annual Certificate will **ONLY** be sent to the Limited Liability Company at this electronic mail address.

5. **NAME**, email address, and street address of the registered agent for service of process in the state of Oklahoma:
   ❖ The registered agent **shall** be the limited liability company itself, an individual resident of Oklahoma, **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

Oklahoma
_____

Name **Street Address** **City** **State** **Zip Code**
(P.O. BOXES ARE NOT ACCEPTABLE)

6. Term of existence: _____
   ❖ You may state either **perpetual**, a set number of years, **or** a future effective expiration date. Perpetual means continuous.

Email Address: _____

The restated articles of organization must be signed by a manager of the limited liability company.

- Signature of Manager: _____ Dated: _____
- Printed Name: _____

(SOS FORM 0086-07/26)

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)