



**ARTICLES OF ORGANIZATION
DOMESTIC LIMITED LIABILITY COMPANY**

State Form 49459 (R10 / 6-19)

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT** in **INK**.
 3. Please visit our office at www.sos.IN.gov
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
GRIM Co.
E-mail address of business (SOS use only)
grimcoweb@gmail.com

RETURN DOCUMENTS TO:

Name		
Maxwell Brindle		
Street address, line 1		
430 W Wood Street		
Street address, line 2		
City	State	ZIP code
West Lafayette	IN	47906
Telephone number	E-mail address (If different from above – SOS use only)	
(765) 494-7187		





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State Form 49459 (R10 / 6-19)

Indiana Code 23-18-2-4
23-0.5-9-19

FILING FEE: \$100.00

ARTICLES OF ORGANIZATION

The undersigned, desiring to form a Limited Liability Company (*hereinafter referred to as "LLC"*) pursuant to the provisions of the Indiana Business Flexibility Act, executes the following Articles of Organization.

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of LLC (*The name must include the words Limited Liability Company or an abbreviation thereof.*)

GRIM Co LLC

Address of Principal Office (*number and street*)

401 Grant Street

City

West Lafayette

State

IN

ZIP code

47907

ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

☐ Commercial registered agent

Name of registered agent (*Do not provide address.*)

OR

☒ Noncommercial registered agent

Name of registered agent

Maxwell Brindle

Address (*number and street*) (*A P.O. Box is not acceptable unless accompanied by a Rural Route number.*)

430 W Wood Street

City

West Lafayette

State

IN

ZIP code

47906

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

mbrindl@purdue.edu

☒ By checking the box, the Signator(s) represent(s) that the Registered Agent named in the Articles of Organization has consented to the appointment of Registered Agent.

ARTICLE III – DISSOLUTION

☐ The LLC is perpetual until dissolution.

OR

☒ The latest date upon which the LLC is to dissolve (*month, day, year*): May, 11, 2020

ARTICLE IV – MANAGEMENT

The LLC will be managed by its manager or managers. ☒ Yes ☐ No

☐ The LLC will be a single member LLC (*optional*).

In Witness Whereof, the undersigned executes these Articles of Organization and verifies, subject to penalties of perjury, that the statements contained herein are true, this 11th day of September, 20 19.

Signature

Printed name

Maxwell Brindle

Title

Managing member