



15867458

**STATE OF MONTANA**

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR DOMESTIC LIMITED
LIABILITY COMPANYFor Office Use Only
STATE OF MONTANA**-FILED-**

SECRETARY OF STATE

File Number: 15867458

Date Filed: 10/6/2023 3:29:52 PM

FILING FEE: \$35.00

Filing Fees & Processing Options	
Fees and Processing Options	24 Hour Processing - \$55.00 - Processed within 1 business day
Filing Effective Date	
The entity will be effective:	when filed with the Secretary of State
Limited Liability Company Type	
Type of Limited Liability Company	Limited Liability Company (LLC)
Limited Liability Company Name	
Entity Name	Build Montana Contractors LLC
Term	
Term Expiration	Perpetual / Ongoing
Business Purpose	
Purpose	
Business Mailing Address of Principal Office	
Address	1001 S. MAIN ST. STE 600 KALISPELL, MT 59901
Business Physical Address of Principal Office	
<input type="checkbox"/> Add Physical Address	
Registered Agent In Montana	
Registered Agent	NORTHWEST REGISTERED AGENT LLC Commercial Registered Agent Agent Number E053995 Email Address support@northwestregisteredagent.com Website https://www.northwestregisteredagent.com/registered-agent/montana Physical Address 1001 S MAIN STREET STE 600 Kalispell, MT 59901 Mailing Address 1001 S MAIN ST STE 600 Kalispell, MT 59901-5635
<input checked="" type="checkbox"/> The appointment of the registered agent listed above is an affirmation by the represented entity that the agent has consented to serve as a registered agent.	
LLC Management	
LLC Managed By	Members
Are Members Liable?	No
Members	



Name Of Individual Or Business Entity	Business Mailing Address	Email Address
Richard Miles	1001 S. MAIN ST. STE 600 KALISPELL, MT 59901	

Declarations

☒ I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.

☒ I have been authorized by the business entity to file this document online.

☒ I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.

Signature

<i>Self</i>	<i>Nat Smith</i>	<i>10/06/2023</i>
Signer's Capacity	Sign Here	Date
Position	Organizer	

Daytime Contact

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