

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**
☐ Return document by mail to:

Shannon Mace

Name

36 North Maple Street,

Address

Mount Carmel

PA

17851

City

State

Zip Code

☐ Return document by email to:

**Certificate of Organization Domestic  
Limited Liability Company**

DSCB:15-8821(rev. 2/2017)



8821

 Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.
**Fee: \$125.00**
☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):

Bowling Business Strategies LLC

2. Complete part (a) or (b) – not both:

(a) The address of the limited liability company's initial registered office in this Commonwealth is:

(post office box alone is not acceptable)

1210 S 3rd Street

Philadelphia

PA

19147

Philadelphia

Number and Street

City

State

Zip

County

(b) name of its commercial registered office provider and the county of venue is:

c/o:

Name of Commercial Registered Office Provider

County

3. The name of each organizer is (all organizers must sign on page 2):

Name

Address

Jacob Bowling

1210 S 3rd Street , Philadelphia , Philadelphia , PA ,  
United States , 19147

4. Effective date of Statement of Registration (check, and if appropriate complete, one of the following):

☒ The Certification of organization shall be effective upon filing in the Dept of State.

☐ The Certification of organization shall be effective  
on:

at

Date(MM/DD/YYYY)

Hour (if any)

**5. Restricted professional companies only.**

*Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).*

☐ **The company is a restricted professional company organized to render the following restricted professional service(s):**

☐ **Chiropractic**

☐ **Dentistry**

☐ **Law**

☐ **Medicine and surgery**

☐ **Optometry**

☐ **Osteopathic medicine and surgery**

☐ **Podiatric medicine**

☐ **Public accounting**

☐ **Psychology**

☐ **Veterinary medicine**

**6. Benefit companies only.**

*Check the box immediately below if the limited liability company is organized as a benefit company:*

☐ **This limited liability company shall have the purpose of creating general public benefit**

*Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s).  
See instructions for examples of specific public benefit.*

☐ **This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):**

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**7. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.**

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this 22 day of October, 2018.

**Jacob Bowling**

\_\_\_\_\_  
**Signature**