



Office of the Secretary of State
Corporations & Charities Division

Professional Limited Liability Company

See attached detailed instructions

This Box For Office Use Only

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number:

CERTIFICATE OF FORMATION

Chapter 25.15.045 and 18.100 RCW

ARTICLE 1

NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY:

(Must contain one of the following designations: Professional Limited Liability Company, Professional Limited Liability Co or one of these abbreviations: P.L.L.C. or PLLC. If the designation is omitted, it will default to PLLC when processed)

ARTICLE 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

ARTICLE 3

EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

ARTICLE 4

TENURE: *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence _____ *(Number of years or date of termination)*

ARTICLE 5

THE PROFESSIONAL LIMITED LIABILITY COMPANY IS MANAGED BY: Members or Managers
(see instructions)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address (required):

City _____ WA Zip Code _____

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Professional Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Professional Limited Liability Company; to forward mail to the Professional Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____
Signature of Registered Agent Printed Name Date

ARTICLE 7

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR: (RCW 18.100.050)

(If necessary, attach additional names, addresses and signatures)

Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone

Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone

INSTRUCTIONS - CERTIFICATE OF FORMATION

Please complete all sections of the Professional Limited Liability Company Registration. USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps or email corps@sos.wa.gov for additional information.

Article 1:

Enter the name of the Professional Limited Liability Company (LLC). In accordance with [RCW 25.15.045](#) a PLLC name must contain the words Professional Limited Liability Company, the words Professional Limited Liability Co., or the abbreviation P.L.L.C. or PLLC. A Professional Limited Liability Company name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office, such as corporations, limited liability companies, limited partnerships, and limited liability partnerships. It is advised that you contact the Secretary of State to check for name availability before filing. If the designation is omitted, it will default to PLLC when processed.

Article 2:

Enter the address of the Professional Limited Liability Company's principle place of business.

Article 3:

Choose either upon filing by the Secretary of State or you may indicate an effective date. The effective date can be up to 90 days AFTER filing of the Certificate of Formation by the Office of the Secretary of State.

Article 4:

Perpetual (*i.e. ongoing until dissolved*) or list a specific date or a specific number of years.

Article 5:

Indicate how the Professional Limited Liability Company is managed:

"**Manager**" or "managers" means, with respect to a professional limited liability company that has set forth in its certificate of formation that it is to be managed by managers, the person, or persons designated in accordance with RCW [25.15.150](#)(2).

"**Member**" means a person who has been admitted to a professional limited liability company as a member as provided in RCW [25.15.115](#) and who has not been dissociated from the limited liability company.

Article 6:

All Professional Limited Liability Companies must have a registered agent in Washington State. The registered agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. **The registered agent must print their name and sign the consent to serve as registered agent.**

Article 7:

The Executor is the person(s) forming the Professional Limited Liability Company. One or more of the legally authorized individuals shall be the executor of the Professional Limited Liability Company ([RCW 18.100.050](#), [25.15.045](#)). Please list the full name and address of each Executor. All Executors **must** sign the Certificate of Formation.

Additional Information:

You may attach any optional provisions to this certificate (*please do not attach operating agreements or minutes, these items are not filed with this office*).

FEES: The filing fee for the Certificate of Formation is \$180.00. If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **All payments must be received in US Dollars. All fees are non-refundable.**

Mail completed forms and payment to:

Secretary of State, Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps, call 360-725-0377 or email corps@sos.wa.gov.