



Office of the Secretary of State
Corporations & Charities Division

This Box For Office Use Only

Physical/Overnight address

801 Capitol Way S
Olympia, WA 98501-1226
Tel: 360.725.0377

Mailing Address

PO Box 40234
Olympia, WA 98504-0234
www.sos.wa.gov/corps

- Filing Fee \$180**
- To Expedite Filing Add \$50**

Certificate of Limited Liability Partnership
[RCW 25.05.500](#)

All fields required unless otherwise specified

(1) Do you already have a UBI Number? (Check one) Yes No If Yes, provide UBI # _____

If No, a new UBI# will be issued to you upon successful completion of the filing.

(2) ENTITY NAME: _____

If designation is not provided, it will be defaulted to LLP

For name requirements review the following RCW(s): [RCW 23.95.305](#)

Does the entity have a name reserved? (Check one) Yes No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: _____

Name: _____

(3) PRINCIPAL OFFICE: *The place where the entity's records are kept

Principal Office Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ **City:** _____

State: _____ **Country:** _____

Mailing Address (optional)

Check if mailing address is the same as street address.

Address: _____

Zip: _____ **City:** _____

State: _____ **Country:** _____

Phone: (optional) _____ **Email: (optional)** _____

(4) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below. Be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

Individual

First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

Entity

Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

Office or Position

List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____

Email: _____

Registered Agent Street Address (required)
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

Registered Agent Mailing Address (optional)

Check if mailing address is the same as street address

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent

Printed Name/Title

Date

(5) PERIOD OF DURATION : Please check ONE of the following

This Company shall have a perpetual duration (default) This Company shall have a duration of _____ years.

This Company shall expire on _____

(6) GENERAL PARTNERS:

Number of Partners: _____

(7) EFFECTIVE DATE: Please check ONE of the following:

Date of filing Specify a date _____ cannot be more than 90 days following received date

(8) RETURN ADDRESS FOR THIS FILING: (Optional)

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address.

Attention to: _____ **Email:** _____

Address: _____

City _____ **State** _____ **Zip** _____

(9) AUTHORIZED PERSON INFORMATION:

Name and signature are required. Attach additional sheets if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address (optional): _____

City _____ **State** _____ **Zip** _____ **Country** _____

Signature of Authorized Person

Printed Name/Title

Date
