



Office of the Secretary of State
Corporations & Charities Division

<u>Physical/Overnight address</u>	<u>Mailing Address</u>
801 Capitol Way S	PO Box 40234
Olympia, WA 98501-1226	Olympia, WA 98504-0234
Tel: 360.725.0377	www.sos.wa.gov/corps

This Box For Office Use Only

- Nonprofit Filing Fee \$30
- All Other Entity Types Filing Fee \$180
- To Expedite Filing, Add \$50

FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields required unless otherwise specified

(1) REQUALIFICATION:

Has this business previously registered with the Office of the Secretary of State? (Check one) Yes No

If Yes, provide the UBI No. and Expiration date: UBI No.: _____ Expiration: _____

(2) Do you already have a UBI No.? (Check one) Yes No If Yes, provide UBI No.: _____

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

(3) BUSINESS NAME: _____

Name must match the name listed on the Certificate of Existence/Good Standing

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

If Yes, provide the Name Reservation Number and Name

Reservation Number: _____

Reserved Name: _____

For name requirements, please see the following RCW(s) as shown below.

Profit Corporation - [RCW 23.95.305 \(1\)](#), Nonprofit Corporation - [RCW 23.95.305 \(2\)](#), Limited Partnership - [RCW 23.95.305 \(3\)](#),

Limited Liability Partnership - [RCW 23.95.305 \(4\)](#), Limited Liability Company - [RCW 23.95.305 \(5\)](#)

(4) DOING BUSINESS AS (DBA) NAME: [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State. _____

(5) JURISDICTION:

Country: _____ State: _____

(6) BUSINESS TYPE IN HOME JURISDICTION: (Check one)

- Profit Corporation Limited Liability Company Nonprofit Corporation Limited Partnership
- Limited Liability Partnership Limited Liability Limited Partnership Professional Service Corporation
- Professional Limited Liability Company Nonprofit Professional Service Corporation
- Professional Limited Liability Partnership Bank Corporation Bank Limited Liability Company
- Cooperative Association Credit Union Insurance Company Savings and Loan Association

(7) REGISTERED AGENT:

COMMERCIAL REGISTERED AGENT

A Commercial Registered Agent is a business 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 address has been registered with our office.

Is the Registered Agent a Commercial Registered Agent? (Check one) Yes No

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

The Commercial Registered Agent must sign the consent to serve below.

If No, continue below

NON-COMMERCIAL REGISTERED AGENT

Please complete **ONE** type of Registered Agent below and provide the name in the selected box. Then continue to provide the required street address. Mailing address is optional.

<input type="checkbox"/> Individual: _____	Provide the first and last name of the individual serving as the Registered Agent. (Any person not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Business: _____	Provide the name of the business serving as the Registered Agent. (Any business not registered as a Commercial Registered Agent.)
<input type="checkbox"/> Office or Position: _____	<u>Do not</u> list a business or individual's name. Provide the office or position that serves as the Registered Agent. (Examples: President, Secretary, Treasurer, or Member)
Phone: _____	Email: _____
Registered Agent Street Address (required) (Must be a physical address; No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address : _____ _____ Zip: _____ City: _____	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> 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 business. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the business; to forward mail to the business; 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**

(8) PRINCIPAL OFFICE: The place where the business's records are kept

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: _____ Email: _____

(9) GOVERNOR(S): A business cannot serve as its own Governor

List at least one, attach additional pages if necessary

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

(10) DATE OF FORMATION IN HOME JURISDICTION: _____

(11) PERIOD OF DURATION IN HOME JURISDICTION: Check ONE of the following

This Company has a perpetual duration This Company has a duration of _____ years.

This Company expires on _____

(12) NATURE OF BUSINESS: Briefly describe the type of business your business conducts in Washington State

(13) DATE BEGAN DOING BUSINESS IN WASHINGTON: Check ONE of the following:

Date of filing Specify a date _____

(14) EFFECTIVE DATE:

Date of filing Specify a date _____ (cannot be more than 90 days from received date)

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

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

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

(16) AUTHORIZED PERSON:

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

Signature of Authorized Person **Printed Name/Title** **Date**

REQUIRED: A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.
