



This Box For Office Use Only

### Limited Liability Company

See attached detailed instructions

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

UBI Number:

## CERTIFICATE OF FORMATION

Chapter 25.15 RCW

### SECTION 1

**NAME OF LIMITED LIABILITY COMPANY:**

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

### SECTION 2

**ADDRESS OF THE PRINCIPAL OFFICE:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SECTION 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)*

### SECTION 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)*

**SECTION 5**

**DESIGNATION OF REGISTERED AGENT: COMPLETE ITEM 1, 2, OR 3**

**1. If using a Commercial Registered Agent** (as defined in RCW 23.95.105(3))

Yes:  If yes, complete this section and then proceed to Consent of Registered Agent below.

No:  If no, skip to item 2 below.

Name of Commercial Registered Agent: \_\_\_\_\_

**2. If using a Noncommercial Registered Agent** (as defined in RCW 23.95.105(21))

Yes:  If yes, complete this section and then proceed to Consent of Registered Agent below.

No:  If no, skip to item 3 below.

Name of Noncommercial Registered Agent: \_\_\_\_\_

Physical Address in WA: \_\_\_\_\_

Alternate Mailing Address in WA: \_\_\_\_\_

**3. If using an Office or Position in the entity to serve as agent** (as defined in RCW 23.95.105(21)(b))

Yes:  If yes, complete this section and then proceed to Consent of Registered Agent below.

Office or Position service as Agent: \_\_\_\_\_

Physical Address in WA: \_\_\_\_\_

Alternate Mailing Address in WA: \_\_\_\_\_

**CONSENT SIGNATURE REQUIRED IN ADDITION TO COMPLETING ITEM 1, 2, or 3 ABOVE** (RCW 23.95.415(2))

I hereby consent to serve as Registered Agent in the State of Washington for the above 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.

X \_\_\_\_\_

<b>Signature of Registered Agent</b>	Printed Name	Date	Phone
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**SECTION 6**

**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:**

*(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 \_\_\_\_\_

<b>Signature of Executor</b>	Printed Name	Date	Phone
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# **INSTRUCTIONS - CERTIFICATE OF FORMATION**

Please complete all sections of the Certificate of Formation. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

## **SECTION 1:**

Enter the name of the Limited Liability Company (LLC). In accordance with *RCW 23.95* a LLC name must contain the words Limited Liability Company, the words Limited Liability Co., or the abbreviation L.L.C. or LLC. A 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. If the designation is omitted, it will default to LLC when processed.

## **SECTION 2:**

Enter the address of the Limited Liability Company's principle office. This is the location where business records are kept.

## **SECTION 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.

## **SECTION 4:**

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

## **SECTION 5:**

All entities must have a registered agent in Washington State *RCW 23.95.415*. The Designation of Registered Agent is used to select the type of agent such as a Commercial Registered Agent, a Noncommercial Registered Agent, or and Office or Position serving as Registered Agent. The Consent of Registered Agent must be signed in addition to the name and address provided.

## **SECTION 6:**

The Executor is the person(s) forming the Limited Liability Company. Please list the full name and address of each Executor. All Executors **must** sign the Certificate of Formation. Attach an additional list if necessary.

## **ADDITIONAL INFORMATION:**

You may attach any optional provisions to this certificate (*please do not attach operating agreements or meeting 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 fees are non-refundable and all documents are public record***)

## **Mail completed forms and payment to:**

In Person:  
Secretary of State  
Corporations Division  
801 Capitol Way S  
Olympia, WA 98501-1226

By Mail:  
Secretary of State  
Corporations Division  
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](http://www.sos.wa.gov/corps), call 360-725-0377 or email [corps@sos.wa.gov](mailto:corps@sos.wa.gov).