



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- Expedite Service \$50
- Nonprofit \$30
- All Other Entity Types \$180

FOREIGN REGISTRATION STATEMENT

RCW 23.95

REQUALIFICATION:

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

If Yes, provide UBI #, Expiration date and continue: UBI #: _____ Expiration: _____

If No, please continue.

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.

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9 digit UBI Number that you can enter above. Please do not enter the UBI Number of a Sole Proprietorship or General Partnership. If you do not have a UBI Number, please select "no" above and continue with the filing.

ENTITY NAME: Name must match the name listed on the Certificate of Existence

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: _____

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 \(5\)](#)

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

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

JURISDICTION:

Country: _____ State: _____

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

Entity

Office or Position

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

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

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

<p style="text-align: center;">Principal Office Street Address (Must be a physical address; No PO Box or PMB)</p> <p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>	<p style="text-align: center;">Mailing Address (optional)</p> <p><input type="checkbox"/> Check if mailing address is the same as street address.</p> <p>Address: _____</p> <p>_____</p> <p>Zip: _____ City: _____</p> <p>State: _____ Country: _____</p>
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Phone: (optional) _____ Email: (optional) _____

GOVERNORS:

List at least one, attach additional pages if necessary *An entity cannot serve as its own Governor

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

DATE OF FORMATION IN HOME JURISDICTION: _____

PERIOD OF DURATION IN HOME JURISDICTION: Please check ONE of the following

- This Company has a perpetual duration (default) This Company has a duration of _____ years.
- This Company expires on _____

NATURE OF BUSINESS: (briefly describe the type of business your entity conducts in the state of Washington):

DATE BEGAN DOING BUSINESS IN WASHINGTON: Please check ONE of the following:

- Date of filing Specify a Date _____

EFFECTIVE DATE:

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

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** _____

EXECUTOR INFORMATION:

Name, address, and signature required. Attach additional sheets if necessary.

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

Address: _____

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

Signature of Executor

Printed Name/Title

Date

REQUIRED: A Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.
