

Foreign Limited Liability Company

See attached detailed instructions

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

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FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: (As recorded in the state/country of formation)

NAME TO BE USED IN WASHINGTON STATE:

(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

STATE OR COUNTRY WHERE ORIGINALLY FORMED:

DATE OF ORIGINAL FORMATION:

(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached.)

SECTION 3

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address _____ City _____ State/Country ___ Zip _____

PO Box ______ City _____ State/Country ____ Zip _____

SECTION 4 EFFECTIVE DATE OF REGISTRATION (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 П Certificate of Registration has been filed by the Office of the Secretary of State.)

SECTION 5

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

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

SECTION 6

DATE THE LLC BEGAN DOING BUSINESS IN WASHINGTON STATE:

SECTION 7

NATURE OF BUSINESS IN WASHINGTON STATE: _____

	S	SECTION 8						
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					
I consent to serve as Regist Company. I understand it wi Liability Company; to forwar Secretary of State if I resign X	Il be my responsibility d mail to the Limited L or change the Registe	to accept Service iability Company ered Office Addre	e of Process on be ; and to immediate ss.	half of the Limited				
X Signature of Registered Agent Printed Name Date SECTION 9								
NAME, ADDRESS AND SIGNATURE OF MEMBER OR MANAGER: (If necessary, attach additional names, addresses and signatures.)								
Name:								
Address:		_City	State	Zip Code				
This document is hereby e	xecuted under penalties	of perjury, and is, to	o the best of my know	wledge, true and correct.				
X								
Signature	Printed Name	e/Title	Date	Phone				
Notice: The Washington Secreta		e agent of the foreign li set forth in RCW 25.15		or service of process under the				

INSTRUCTIONS – FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

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

Section 1:

Enter the name of the Foreign Limited Liability Company as recorded in the original state/country of formation. If registering a different name in Washington State, then include both names. (*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.*) The name of the LLC 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. It is advised that you contact the Secretary of State (360) 725-0377 or email <u>corps@sos.wa.gov</u> to check for name availability before filing.

Section 2:

Enter the state/country and the date of the original incorporation. You must attach a Certificate of Existence or similar import issued no more than 60 days before the date of this filing showing the Limited Liability Company exists under the laws of the jurisdiction of its formation. Copies of articles from other states do not satisfy the requirements for Certificate of Existence or similar import. For more information please see RCW 25.15.315(2) or call (360-725-0377).

Section 3:

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

Section 4:

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 Foreign LLC Registration by the Office of the Secretary of State.

Section 5:

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

Section 6:

List the date the Limited Liability Company began conducting business in Washington State. If business began prior to this filing please contact our office for additional fee information at 360-725-0377 or email <u>corps@sos.wa.gov</u>.

Section 7:

State the nature of business to be conducted in Washington State.

Section 8:

All 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.**

Section 9:

This form requires the name, address, title and signature of the member or manager registering the Limited Liability Company. Notice: The Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 25.15.355(2)

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 Registration is \$180.00. If expedited service is requested then include an additional \$50.00 per submission and write "EXPEDITE" on the outside of the envelope. Make checks or money orders payable to "Secretary of State."

All payments must be received in US Dollars. Filing and Expedite Fees are Non Refundable.

Mail completed forms and payment to:

Secretary of State, Corporations 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 <u>www.sos.wa.gov/corps</u> or call 360-725-0377.