



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

- Filing Fee \$180
- Filing Fee with Expedited Service \$230

Certificate of Formation
Professional Limited Liability Company

RCW 23.95 and 25.15.046

All fields required unless otherwise specified

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:

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

Does this Professional Limited Liability Company provide Dental Services? (Check one) Yes No

If Yes: The name of a professional limited liability company organized to render dental services must contain the full names or surnames of all members and no other word than "Chartered" or the words "Professional Services" or the abbreviation "P.L.L.C." or "PLLC."

If No: The name must contain the words "Professional Limited Liability Company", "Professional Limited Liability" and abbreviation "Co." or the abbreviation "P.L.L.C." or "PLLC".

Reservation Number: _____

Name: _____

For name requirements review the following RCW(s): Limited Liability Company - [RCW 23.95.305 \(5\)\(b\)](#)

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 _____

EFFECTIVE DATE: Please check **ONE** of the following

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

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

<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) _____

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
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