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## **Limited Liability Company**

See attached detailed instructions

□ Filing Fee \$180.00

□ Filing Fee with Expedited Service \$230.00

UBI Number:

City State Zip

Box For Office Use Only

This

# **CERTIFICATE OF FORMATION**

Chapter 25.15 RCW

## ARTICLE 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)

## **ARTICLE 2**

#### ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

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

PO Box \_\_\_\_\_

## **ARTICLE 3**

EFFECTIVE DATE OF FORMATION: (Please check <u>one</u> 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)

## **ARTICLE 4**

**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*)

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	ARTICLE 5		
THE LIMITED LIABILITY COMPAN	Y IS MANAGED BY:	☐ Members or	Managers
	(see instructions)		
	ARTICLE 6		
NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:			
Name:			
Physical Location Address (require			
City	State	 WAZip Code	
Mailing or Postal Address (optional			
City	State	Zip Code	
Liability Company; to forward mail to Secretary of State if I resign or chang X	ge the Registered Office Addre		Date
	ARTICLE 7		
	y, attach additional names, addre	sses and signatures)	
Name: Address:		State	Zip Code
This document is hereby executed u			
X			
Signature of Executor	Printed Name	Date	Phone
			THERE
Name:			
Name:			
	City	State	Zip Code

## **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 <u>www.sos.wa.gov/corps</u>

#### Article 1:

Enter the name of the Limited Liability Company (LLC). In accordance with *RCW 25.15.010* 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, such as corporations, limited liability companies, limited partnerships, and limited liability partnerships. It is advised that you contact the Secretary of State to check for name availability before filing. If the designation is omitted, it will default to LLC when processed.

#### Article 2:

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

#### Article 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.

#### Article 4:

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

#### Article 5:

Indicate how the Limited Liability Company is managed:

"**Manager**" or "managers" means, with respect to a limited liability company that has set forth in its certificate of formation that it is to be managed by managers, the person, or persons designated in accordance with RCW <u>25.15.150(2)</u>. "**Member**" means a person who has been admitted to a limited liability company as a member as provided in RCW <u>25.15.115</u> and who has not been dissociated from the limited liability company.

#### Article 6:

All Limited Liability Companies must have a registered agent in Washington State. The registered agent may be an individual or a business entity who is a resident of Washington State. 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.** 

#### Article 7:

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.

#### 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 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)* 

#### Mail completed forms and payment to:

Secretary of State Corporation 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.