



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 Limited Liability Partnership**  
[RCW 25.05.500](#)

**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

Reservation Number: \_\_\_\_\_

Name: \_\_\_\_\_

**For name requirements review the following RCW(s): Limited Liability Partnership - [RCW 23.95.305 \(4\)](#)**

<p align="center"><b>Principal Office Street Address</b> (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 align="center"><b>Mailing Address (optional)</b></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)** \_\_\_\_\_

**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)

**Registered Agent Mailing Address (optional)**  
 Check if mailing address is the same as street address

Country: United States State: Washington

Country: United States State: Washington

Address : \_\_\_\_\_

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

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

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**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 \_\_\_\_\_

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**GENERAL PARTNERS:**

**Number of Partners:** \_\_\_\_\_

**Name, Mailing Address and Signature of Each General Partner: *Required***

(If necessary, attach additional names, addresses, and signatures)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Signature of Partner**

**Printed Name/Title**

**Date**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Signature of Partner**

**Printed Name/Title**

**Date**

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

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

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**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** \_\_\_\_\_

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