



**STATE OF WASHINGTON
SECRETARY OF STATE**

This Box For Office Use Only

Limited Liability Company

See attached detailed instructions

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

UBI Number: _____

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 _____ City _____ State _____ Zip _____

ARTICLE 3

EFFECTIVE DATE OF FORMATION: *(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 Certificate of Formation has been filed by the Office of the Secretary of State)*

ARTICLE 4

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

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

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: Members or Managers
(see instructions)

ARTICLE 6

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address (required):

City _____ State WA Zip Code _____

Mailing or Postal Address (optional):

City _____ State _____ Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____

Signature of Registered Agent

Printed Name

Date

ARTICLE 7

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:

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

Name: _____

Address: _____ City _____ State _____ Zip Code _____

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

X _____

Signature of Executor

Printed Name

Date

Phone

Name: _____

Address: _____ City _____ State _____ Zip Code _____

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

X _____

Signature of Executor

Printed Name

Date

Phone

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 www.sos.wa.gov/corps

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 [25.15.150\(2\)](#).

"Member" means a person who has been admitted to a limited liability company as a member as provided in RCW [25.15.115](#) 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 www.sos.wa.gov/corps or call 360-725-0377.