



Office of the Secretary of State  
Corporations & Charities Division

# Professional Limited Liability Company

See attached detailed instructions

This Box For Office Use Only

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

UBI Number:

## CERTIFICATE OF FORMATION

Chapter 23.95 and 18.100 RCW

### ARTICLE 1

**NAME OF PROFESSIONAL LIMITED LIABILITY COMPANY:**

*(Must contain one of the following designations: Professional Limited Liability Company, Professional Limited Liability Co or one of these abbreviations: P.L.L.C. or PLLC. If the designation is omitted, it will default to PLLC when processed)*

### ARTICLE 2

**ADDRESS OF THE PRINCIPAL OFFICE:**

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

Mailing Address \_\_\_\_\_ 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 date of dissolution: \_\_\_\_\_

**ARTICLE 5**

**Registered Agent is a:**          Commercial Registered Agent          Non-Commercial Registered Agent

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

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

**Physical Location Address** *(required unless using a Commercial Registered Agent):*

City \_\_\_\_\_ State WA Zip Code \_\_\_\_\_

**Mailing** or Postal Address *(optional):*

City \_\_\_\_\_ State WA Zip Code \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT:**

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

<b>X</b> _____		
<b>Signature of Registered Agent</b>	Printed Name	Date

**ARTICLE 6**

**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR: (RCW 18.100.050)**  
*(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.*

<b>X</b> _____			
<b>Signature of Executor</b>	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.*

<b>X</b> _____			
<b>Signature of Executor</b>	Printed Name	Date	Phone

## **INSTRUCTIONS - CERTIFICATE OF FORMATION**

Please complete all sections of the Professional Limited Liability Company Registration. USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or email [corps@sos.wa.gov](mailto:corps@sos.wa.gov) for additional information.

### **Article 1:**

Enter the name of the Professional Limited Liability Company (LLC). In accordance with [RCW 23.95](#) a PLLC name must contain the words Professional Limited Liability Company, the words Professional Limited Liability Co., or the abbreviation P.L.L.C. or PLLC. A Professional 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 PLLC when processed.

### **Article 2:**

Enter the address of the Professional 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 OF DISSOLUTIONS.

### **Article 5:**

All Professional Limited Liability Companies must have a registered agent in Washington State. Define whether your registered agent is a Commercial Registered Agent as registered with the Secretary of State or a non-commercial registered agent. The registered agent may be an individual or entity. The agent **must have** a physical address in Washington State where they can be located. If using a Commercial Registered agent, the physical address need not be filled in, otherwise it is required. An alternative mailing address in Washington 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 6:**

The Executor is the person(s) forming the Professional Limited Liability Company. One or more of the legally authorized individuals shall be the executor of the Professional Limited Liability Company ([RCW 18.100.050](#), [23.95](#)). 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 payments must be received in US Dollars. 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](http://www.sos.wa.gov/corps), call 360-725-0377 or email [corps@sos.wa.gov](mailto:corps@sos.wa.gov).