



# Secretary of State

*Kim Wyman*

Corporations & Charities Division

**Physical/Overnight address:**

801 Capitol Way S  
Olympia, WA 98501-1226

**Mailing address:**

PO Box 40234  
Olympia, WA 98504-0234  
Tel: 360.725.0377  
sos.wa.gov/corps

## **INSTRUCTIONS - CERTIFICATE OF FORMATION OF A PROFESSIONAL LIMITED LIABILITY COMPANY RCW 23.95 and 25.15.046**

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download, or you can file online at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**Mail:** Send the completed form and payment to the address listed above.

**Payment:** Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

**Expedited Service:** If expedited service is requested, include an *additional* \$50 fee and check the box indicating expedited service on page 1.

**Fees:** The filing fee for the Certificate of Formation of a Professional Limited Liability Company is \$180.00

**Initial Report:** An initial report is due within 120 days of the effective date of this formation per RCW 23.95.255. The report may be included with this formation at no additional fee. If the Initial Report is not submitted with this formation, a \$10 filing fee will apply.

### **ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD**

**(1) Unified Business Identifier (UBI):** If the entity has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the entity may already have a 9-digit UBI number that can be entered. Do not enter the UBI number of a Sole Proprietorship or General Partnership. If the entity does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the entity will be issued a UBI number upon successful completion of the filing.

**(2) Entity Name:** In accordance with the RCW 23.95.305 & 25.15.046, a Professional Limited Liability Company name must contain the designation 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 entity already registered with the Secretary of State's office. If the designation is omitted, it will default to PLLC when processed.

If the Professional Limited Liability Company is organized to render dental services, the name must contain the full names or surnames of all members and no other word than Chartered or the words Professional Service or the abbreviation P.L.L.C. or PLLC. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided, select "no" and enter a name to submit for review.

**(3) Period of Duration:** Select a period of duration. Only one selection will be accepted. Perpetual duration means "on-going" until the entity is either administratively or voluntarily dissolved. A specified date or specified number of years, may be selected. If a specified date or years is selected the entity will be administratively dissolved as recorded in this section. If no selection is provided, it will default to perpetual.

**(4) Effective Date:** Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

**(5) Registered Agent:** All entities must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Option 1:** Commercial Registered Agent is an entity or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
  - Select “Yes” or “No.”
    - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
    - If “No,” continue to Option 2: Noncommercial Registered Agent directions below.
- **Option 2:** Noncommercial Registered Agent is an entity or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity.
  - Make **one** selection: Individual, Entity, or Office/Position, and fill out accordingly.
    - Individual: Write the individual’s first and last name.
    - Entity: Write the entity’s full name.
    - Office/Position: Write the office or position such as President, Secretary, or Member.
  - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
  - Provide a contact phone number and email address (optional). This information will be used if there are any questions regarding the submission.

**(6) Principal Office:** Enter the principal office address. This is the place where the entity’s records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State.

**(7) Return Address for this Filing:** This section is optional. This address will be sent document(s) regarding this specific filing in addition to the document(s) being sent to the Registered Agent's street/mailing address.

**(8) Executor Information:** The Executor is the person(s) forming the Professional Limited Liability Company. List the full name and address of each Executor. All Executors must sign the Certificate of Formation. Attach an additional list if necessary.

If you have questions, need assistance, or would like to provide feedback, visit the Corporations & Charities Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.



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This Box For Office Use Only

- ☐ **Filing Fee \$180**  
☐ **To Expedite Filing Add \$50**

**Certificate of Formation**

**Professional Limited Liability Company**

**[RCW 23.95](#) and [25.15.046](#)**

**All fields required unless otherwise specified**

**(1) 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.

**(2) ENTITY NAME:** \_\_\_\_\_

**If designation is not provided, it will be defaulted to PLLC**

**For name requirements review the following RCW(s): [RCW 23.95.305](#)**

**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".

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: \_\_\_\_\_

**(3) 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 \_\_\_\_\_

**(4) EFFECTIVE DATE:** Please check **ONE** of the following

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

**(5) 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

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**(6) PRINCIPAL OFFICE: \*The place where the entity's records are kept**

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

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

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

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

☐ Check if mailing address is the same as street address.

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

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

State: \_\_\_\_\_ Country: \_\_\_\_\_

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Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

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**(7) 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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**(8) EXECUTOR INFORMATION:**

**Name, address, and signature required. Attach additional sheets if necessary.**

**I herby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.**

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

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**Signature of Executor**

**Printed Name/Title**

**Date**

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