

Foreign Limited Liability Company

See attached detailed instructions

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

UBI Number:		

FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Box For Office Use Only

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: (As recorded in the state/country of formation)

NAME TO BE USED IN WASHINGTON STATE:

(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.)

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY FORMED:					
DATE OF ORIGINAL FORMATION:					
SECTION 3					
ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:					

SECTION 4

Street Address _____ City ____ State/Country ___ Zip ____

PO Box _____ City ____ State/Country ___ Zip ____

EFFECTIVE DATE OF REGISTRATION (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 Registration has been filed by the Office of the Secretary of State.)

Page	e 2 of 2						
i age	2	SECTION 5					
TEN	URE: (Please check one of the following an	nd indicate the d	ate if applicable)				
	Perpetual existence						
	Specific term of existence	(Number o	f years or date of ter	mination.)			
		SECTION 6					
DAT	DATE THE LLC BEGAN DOING BUSINESS IN WASHINGTON STATE:						
		SECTION 7					
NAT	URE OF BUSINESS IN WASHINGTON ST						
		SECTION 8					
NAM	NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:						
Nam	ne:						
	sical Location Address (required):						
City		WA	Zip Code				
Maili	ing or Postal Address (optional):						
City		Stat	e Zip Code				
Com Liabi Secre	CONSENT TO SE nsent to serve as Registered Agent in the St apany. I understand it will be my responsibili- ility Company; to forward mail to the Limited retary of State if I resign or change the Regis	ate of Washington ty to accept Service I Liability Compa	on for the above nan vice of Process on b any; and to immediat	ehalf of the Limited			
X	Signature of Registered Agent	Prin	ited Name	Date			
		SECTION 9					
NAM	ME, ADDRESS AND SIGNATURE OF MEM (If necessary, attach addit	BER OR MANA		rres.)			
Nam	ne:						
Addr	ress:	City	State	Zip Code			
	This document is hereby executed under penaltic		s to the best of my kno	wledge true and correct			

Notice: The Washington Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 25.15.355(2)

Date

Printed Name/Title

Signature

Phone

INSTRUCTIONS – FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Please complete all sections of the Foreign 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 or email corps@sos.wa.gov for additional information.

Section 1:

Enter the name of the Foreign Limited Liability Company as recorded in the original state/country of formation. If registering a different name in Washington State, then include both names. (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.) The name of the LLC 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. It is advised that you contact the Secretary of State (360) 725-0377 or email corps@sos.wa.gov to check for name availability before filing.

Section 2:

Enter the state/country and the date of the original incorporation. You must attach a Certificate of Existence or similar import issued no more than 60 days before the date of this filing showing the Limited Liability Company exists under the laws of the jurisdiction of its formation. Copies of articles from other states do not satisfy the requirements for Certificate of Existence or similar import. For more information please see RCW 25.15.315(2) or call (360-725-0377).

Section 3:

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

Section 4

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 Foreign LLC Registration by the Office of the Secretary of State.

Section 5:

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

Section 6:

List the date the Limited Liability Company began conducting business in Washington State. If business began prior to this filing please contact our office for additional fee information at 360-725-0377 or email corps@sos.wa.gov.

Section 7:

State the nature of business to be conducted in Washington State.

Section 8:

All Limited Liability Companies must have a registered agent in Washington State. The registered agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. 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.**

Section 9:

This form requires the name, address, title and signature of the member or manager registering the Limited Liability Company. Notice: The Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 25.15.355(2)

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 Registration is \$180.00. If expedited service is requested then include an additional \$50.00 per submission and write "EXPEDITE" on the outside of the envelope. Make checks or money orders payable to "Secretary of State."

All payments must be received in US Dollars. Filing and Expedite Fees are Non Refundable.

Mail completed forms and payment to:

Secretary of State, Corporations 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.