

Decentralized Autonomous Organization Limited Liability Company Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

Before Filing Please Note:

- ☐ Pursuant to W.S. 17-29-108 and W.S. 17-31-104(d), the name must include “DAO LLC” or a combination of the entity indicators for both DAO *and* LLC as follows:
 - The name must include, specifically, “DAO”, or “LAO.”
 - The name must include the words “Limited Liability Company,” or its abbreviations “LLC,” “L.L.C.,” “Limited Company,” “LC,” “L.C.,” “Ltd. Liability Company,” “Ltd. Liability Co.,” or “Limited Liability Co.”
- ☐ Under the circumstance specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ **Filing fee of \$100.00.** Visa or MasterCard payment available for online filings only. To file online, visit: <https://wyobiz.wyo.gov>. Make check or money order payable to Wyoming Secretary of State for paper filings.
- ☐ **Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.
- ☐ **Processing time is up to 15 business days** following the date of receipt in our office.
- ☐ Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**

Additional Contact Information:

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2800 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers’ Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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For Office Use Only

Decentralized Autonomous Organization Limited Liability Company Articles of Organization

1. Name of the limited liability company:

2. The organization is a decentralized autonomous organization.

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the limited liability company:

5. Principal office address:

6. Public identifier of any smart contract directly used to manage, facilitate or operate the decentralized autonomous organization:

7(a). Will the Notice of Restrictions on Duties and Transfers pursuant to W.S. 17-31-104(c) appear in the operating agreement?

Yes

No

7(b). If the answer to 7(a) is “No,” the Notice of Restrictions on Duties and Transfers:

8. Optional provisions:

(a). This decentralized autonomous organization shall be *(select only one)*:

Member managed.

Algorithmically managed.

(b). Any additional provisions related to W.S. 17-31-106(c) may be included here:

9. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

Signature: _____
(Shall be executed by an organizer.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Phone Number:

Email:

(An email address is required. Emails(s) provided will receive important reminders, notices and filing evidence.)



Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

*(registered office physical address, city, state, & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name:

Daytime Phone:

Title:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address
(if different than above):

IMPORTANT: If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.