



Telephone: 614.466.3910

Toll-free: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

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## Return Documents To:

Name *(Individual or Business Name)*:

Email Address *(Required)*:

To the Attention of *(If Necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

### SERVICE TYPE - Check only **ONE** item below.

**Expedited Fees are IN ADDITION to the filing fee on the form.**

Failure to include the expedite fee or indicate a selection will result in regular service.

☐ **Regular Service**

- No Expedite Fee.
- Processing Time: 3-7 business days.

☐ **Expedite Service 1**

- Fee: \$100
- Processing Time: 2 business days after receipt.

☐ **Expedite Service 2**

- Fee: \$200
- Processing Time: 1 business day after receipt.

☐ **Expedite Service 3 (in-person delivery is required)**

- Fee: \$300
- Processing Time: 4 hours if received by 1:00 p.m. If received after 1:00 p.m., documents will be processed by noon the following business day.

☐ **Preclearance Filing**

- Fee: \$50
- Processing Time: 1-2 business days after receipt.

**INSTRUCTIONS**

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

**MAIL TO**

Regular Service:  
P.O. Box 670  
Columbus, OH 43216  
**OR**  
Expedite Service:  
P.O. Box 1390  
Columbus, OH 43216



[For screen readers, follow instructions located at this path.](#)

# Registration of a Foreign Limited Liability Company

## For a Foreign (Non-Ohio) Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**  
**106-LFA**

Name of Limited Liability Company in its jurisdiction of formation

Assumed Name, if the name above does not comply with section 1706.07 of the Revised Code

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd".)

Jurisdiction of formation

The foreign limited liability company is a foreign limited liability company.

**Optional:**

Effective Date (MM/DD/YYYY)

Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

**If applicable, attach information required in section 1706.511(C) if the foreign limited liability company establishes or provides for the establishment of one or more series of assets.**

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

(Name of Statutory Agent)

(Agent Address - Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

(City)

(State)

(ZIP Code)

## Acceptance of Appointment

The Undersigned, , named herein as the  
(Name of Statutory Agent)

Statutory agent for   
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature   
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Instructions for Registration of a Foreign Limited Liability Company

This form should be used if you wish to file a Registration of a Foreign Limited Liability Company pursuant to Ohio Revised Code section 1706.511.

## **Name**

Provide the name of the limited liability company, as registered in its jurisdiction of formation. If the name does not comply with section 1706.07 of the Revised Code, provide an assumed name adopted pursuant to division (A) of section 1706.513 of the Revised Code.

## **Jurisdiction of Formation**

Provide the name of the jurisdiction where the limited liability company is formed.

## **Effective Date and Effective Time (Optional)**

Pursuant to Ohio Revised Code Section 1706.172(D), a registration of a foreign limited liability company delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A registration of a foreign limited liability is effective as provided in Ohio Revised Code Section 1706.172(D).

## **Appointment of Agent**

Ohio business entities and foreign business entities that are registered or licensed in Ohio must appoint and maintain a statutory agent to accept service of process. The statutory agent must be one of the following: (1) A natural person residing in Ohio; or (2) a domestic or foreign business entity with an Ohio address.

## **Statutory Agent Address Requirements**

A statutory agent address may either be the primary residence address of the agent or the usual place of business address. The statutory agent address must be an Ohio address.

## **Statutory Agent Address Prohibitions**

Post Office (P.O.) boxes are **NOT** allowed.

Exception: If a Post Office Box and Rural Route Number are both provided, the address is allowed.

Commercial Mail Receiving Agency (CMRA) addresses are **NOT** allowed. A CMRA is a private business that rents private mailboxes to customers.

## **Acceptance of Appointment**

The statutory agent must sign the Acceptance of Appointment.

**Additional Provisions**

If a foreign limited liability company establishes or provides for the establishment of one or more series of assets, it shall state all of the following in the registration as a foreign limited liability company: (1) the fact that it provides for the establishment of one or more series of assets; (2) Whether the debts, liabilities, and obligations incurred, contracted for, or otherwise existing with respect to a particular series, if any, shall be enforceable against the assets of that series only and not against the assets of the foreign limited liability company generally or any other series thereof; and (3) whether any of the debts, liabilities, obligations, and expenses incurred, contracted for, or otherwise existing with respect to the foreign limited liability company generally or any other series thereof shall be enforceable against the assets of that series. Please attach on a single-sided 8 ½ x 11 sheet(s) of paper.

**Signature Required**

After completing all required information on the filing form, please make sure the form is signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

A typed name signifies an "intent to sign" which is acceptable.

**Note**

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter this information in any format on this form.