Series Limited Liability Company Instructions —



Wyoming Secretary of State ◆ 2020 Carey Avenue, Suite 700 ◆ Cheyenne, WY 82002-0020

307.777.7311 ◆ <u>Business@wyo.gov</u>

http://soswy.state.wy.us					
Before 1	Filing Please Note:				
	One originally signed Articles of Organization and one originally signed Consent to Appointment by Registered Agent form must be submitted.				
	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."				
	If established, the names of each series must be listed in accordance with Chapter 6 of the Limited Liability Act Rules.				
	Filing fee of \$100.00. Make check or money order payable to Wyoming Secretary of State.				
	Please provide at least one e-mail address in the Articles of Organization. The provided e-mail address is used <i>only</i> to send you a certificate of evidence and annual report reminders.				
	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.				
	The limitations on liabilities must be set forth in the Operating Agreement and must be listed in your articles.				
Additional Contact Information:					
◆ Department of Revenue (Sales and Use Tax Information)					
	o Ph. 307.777.5200 OR https://revenue.state.wy.us/				
•	◆ Wyoming Business Council (Licensing or Permit Information)				
	o Ph. 307.777.2843 OR http://www.wyomingbusiness.org/				
•	Department of Workforce Services (Workers' Compensation or Unemployment Insurance)				
	o Ph. 307.777.8650 OR http://www.wyomingworkforce.org/				
•	Internal Revenue Service (Tax ID Information)				
	o https://www.irs.gov/Filing				



Wyoming Secretary of State 2020 Carey Avenue, Suite 700

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Email: Business@wyo.gov

For Office Use Only

Series Limited Liability Company
Articles of Organization

1. Name of th	e limited liability company:	
2. This entity	elects to be a (choose only one opti	ion):
	Series LLC	Series and Close LLC
You may refer t	o the Close Limited Liability Supplem	ent for more information W.S. 17-25-109.)
The registered of Wyoming. The r e	egistered agent <u>must</u> have a physical	d agent: a Wyoming or a domestic or foreign business entity authorized to transact business in address in Wyoming. If the registered office includes a suite number, it must be is not acceptable. A PO Box is acceptable if listed in addition to a physical address.
Name:		
Addres	ss:	
	(If mail is received at a	Post Office Box, please list above in addition to the physical address.)
4. Mailing ado	dress of the limited liability con	npany:
5. Principal of	ffice address:	
	or series yet to be established ha	th W.S. 17-29-211(b) and (c), the series named in these Articles of ave limited liability as set forth in the operating agreement and as set

	Yes, there are seri	es established at	this time.				
	No, there are no so of amendment to the S					shall be provided in artic	es
If the answer to 7 is "Yes," the names of each series shall be set forth below in accordance with Chapter 6 of the Wyoming Secretary of State Limited Liability Act Rules: (If additional space is needed, please attach a separate sheet.)							
Signature: _					Date:		
	(Shall be executed by	an organizer.)				(mm/dd/yyyy)	
Print Name:							
Contact Perso	on:						
Daytime Pho	ne Number:		Email:				
			(Email prov	ided will receive a *May list multip		minders and filing eviden sses	ce)

7. Established series (choose only one option):



Ed Murray Wyoming Secretary of State 2020 Carey Avenue, Suite 700 Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339

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Consent to Appointment by Registered Agent

I,	(name of registered agent)	, registered office located at		
		voluntarily consent to serve		
* (registered office	e physical address, city, state & zip)			
as the registered agent for (name of business entity)				
I hereby certify that I am in co	mpliance 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 Pho	one:		
Title:	Email:			
Registered Agent Mailing Add (if different than above):	lress			
*If this is a current registere	d agent changing their registered add	ress on file, complete the following:		
Previous Registered Office(s):				
 I hereby certify that: After the changes are made, the street address of my registered office and business office will be identical. This change affects every entity served by me and I have notified each entity of the registered office change. I certify that the above information is correct and 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)		