

# Series 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](mailto:Business@wyo.gov)

## Before Filing Please Note

- ☐ Reference the checklist at the end of the Articles for a detailed list of the required attachments.
- ☐ 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 circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- ☐ **Filing fee of \$100.00 plus \$10.00 for each established series.** Make check or money order payable to Wyoming Secretary of State.
- ☐ **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.
- ☐ Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**



## You’re Ready to Mail in Your Documents!

- ♦ **Processing time is up to 15 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wyo.gov> to see what day is currently being processed.

## Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **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

## **Foreign Series Limited Liability Company Articles of Domestication**

Pursuant to W.S. 17-29-1013 of the Wyoming Limited Liability Company Act, the undersigned hereby applies for a Certificate of Domestication.

1. Limited liability company name:

2. Organized under the laws of:

(State)

3. Date of formation:

(mm/dd/yyyy)

4. Period of duration:

(This is referring to the length of time the company intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")

5. Mailing address of the company:

6. Principal office address:

7. 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.**)

8. The limited liability company will abide by the constitution and laws of Wyoming.
9. Limitation on liabilities: In accordance with W.S. 17-29-211(b) and (c), the series named in these articles or series yet to be established have limited liability as set forth in the operating agreement and as set forth in these articles:

10. Established series *(choose only one option):*

Yes, there are series established at this time.

No, there are no series established at this time. *(If checked, the names of each series shall be provided in articles of amendment to the Secretary of State within 30 days of the establishment of the series.)*

**If the answer to 10 is “Yes,” the names of each series shall be set forth below in accordance with Chapter 5 of the Wyoming Secretary of State Business Entities Rules: *(If additional space is needed, please attach a separate sheet.)***

11. 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:** \_\_\_\_\_  
*(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)*

**Date:**  
*(mm/dd/yyyy)*

Print Name:

Contact Person:

Title:

Email:

Daytime Phone Number:

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

**REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:**

A **certified copy of its original articles of organization and all amendments** currently certified within the last six (6) months by the proper officer of the state of formation.

The completed application must be accompanied by an **original certificate of existence/good standing**, dated *not more than thirty (30) days* prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state of formation.



## 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.