

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

Before Filing Please Note:

- ☐ Pursuant to W.S. 17-29-108, 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 5 of the Business Entities Rules.
- ☐ 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 series established.** 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.
- ☐ The limitations on liabilities must be set forth in the Operating Agreement and must be listed in your articles.
- ☐ **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

Series Limited Liability Company Articles of Organization

1. Name of the limited liability company:

2. This entity elects to be a (*choose only one option*):

Series LLC

Series and Close LLC

(*Refer to the Close Limited Liability Supplement for more information W.S. 17-25-109.*)

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. Limitation on liabilities: In accordance with W.S. 17-29-211(b) and (c), the series named in these Articles of Organization or series yet to be established have limited liability as set forth in the operating agreement and as set forth in these articles:

7. 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 7 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.)*

8. 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:

Daytime Phone Number:

Email:

(An email address is required. Email(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.