

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: _____

- 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 5 of the Business Entities 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 *only* 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)
 - 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

(You may 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.)*

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

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)
May list multiple email addresses



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: _____

Registered Agent Mailing Address
(if different than above):

***If this is a current registered agent changing their registered address 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)