



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

For Office Use Only

**Limited Liability Company
Articles of Organization**

1. Name of the limited liability company:

2. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

3. Mailing address of the limited liability company:

4. Principal office address:

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

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

Other Requirements:

- An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



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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: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, 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: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.

The name must include the words “Limited Liability Company,” or its abbreviations “LLC” or “L.L.C.,” “Limited Company,” or its abbreviations “LC” or “L.C.,” “Ltd. Liability Company,” “Ltd. Liability Co.,” or “Limited Liability Co.”.

The Articles must be accompanied by a written consent to appointment executed by the registered agent.

For consistency the Secretary of State’s Office will only keep one version of the agent’s name on file.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.