

Series Limited Liability Company Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020
307.777.7311 ♦ Business@wyo.gov
<http://soswy.state.wy.us>

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.”
- 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 *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.
- If the limitations on liabilities are not set forth in the Operating Agreement, they 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. 307.777.2843 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 have limited liability as set forth in the operating agreement; or as set forth in these articles:
(Complete only if limitations on liabilities are not set forth in the operating agreement.)

7. Name of each series: In accordance with Chapter 6 of the Wyoming Secretary of State Limited Liability Act Rules, the names of each series are set forth below: *(If additional space is needed for names, please attach an additional 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



Ed Murray
Wyoming Secretary of State
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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: _____
(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)