-Limited Liability Company Instructions —



Wyoming Secretary of State

Herschler Building East, Suite 101♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ◆ <u>Business@wyo.gov</u>

	301.111.1311 ▼ <u>Dushiess(w,w,v.gov</u>			
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."			
	Under the circumstances specified in W.S. 17-28-104(e), an email address is required.			
	<i>Filing fee of \$100.00.</i> 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.			
	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. 			
Additio	onal Contact Information			
•	Department of Revenue (Sales and Use Tax Information)			
	o Ph. 307.777.5200 OR https://revenue.state.wy.us/			
•	Department of Workforce Services (Workers' Compensation or Unemployment Insurance)			
	o Ph. 307.777.8650 OR http://www.wyomingworkforce.org/			
•	Internal Revenue Service (Tax ID Information)			
	o https://www.irs.gov/Filing			



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Limited Liability Company Articles of Organization

. Name of the limited liability company:
. This entity elects to be a close limited liability company:
. 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 yoming. The registered agent must have a physical address in Wyoming. If the registered office includes a suite number, it must be accluded 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:
. Mailing address of the limited liability company:
. Principal office address:
6. 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).
ignature: Date:
(Shall be executed by an organizer.) (mm/dd/yyyy)
rint Name:
Contact Person:
Paytime Phone Number: Email:
(An amail address is nagrined Empile) provided will receive important

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



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Consent to Appointment by Registered Agent

		, registered office located at
(name	e of registered agent)	
		voluntarily consent to serve
*(registered office physical a	address, city, state, & zip)	
the registered agent for		
	(name of business entity)	
nereby certify that I am in compliance	ee with the requirements of W.S. 17-28-1	101 through W.S. 17-28-111.
ignature:(Shall be executed	d by the registered agent.)	Date: (mm/dd/yyyy)
rint Name:	Daytime Phone:	
itle:	Email:	
		dress is required. Email(s) provided will receive
	important rem	ninders, notices and filing evidence.)
egistered Agent Mailing Address if different than above):		

<u>IMPORTANT:</u> 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.