

INSTRUCTIONS - CERTIFICATE OF FORMATION

Please complete all sections of the Certificate of Formation. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

SECTION 1:

Enter the name of the Limited Liability Company (LLC). In accordance with *RCW 23.95* a LLC name must contain the words Limited Liability Company, the words Limited Liability Co., or the abbreviation L.L.C. or LLC. A Limited Liability Company name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office. If the designation is omitted, it will default to LLC when processed.

SECTION 2:

Enter the address of the Limited Liability Company's principal office. This is the location where business records are kept.

SECTION 3:

Choose either upon filing by the Secretary of State or you may indicate an effective date. The effective date can be up to 90 days AFTER filing of the Certificate of Formation by the Office of the Secretary of State.

SECTION 4:

Perpetual (*i.e. ongoing until dissolved*) or list a specific date or a specific number of years.

SECTION 5:

All entities must have a registered agent in Washington State *RCW 23.95*. The Designation of Registered Agent is used to select the type of agent such as a Commercial Registered Agent, a Noncommercial Registered Agent, or an Office or Position serving as Registered Agent. The Consent of Registered Agent must be signed in addition to the name and address provided.

SECTION 6:

The Executor is the person(s) forming the Limited Liability Company. Please list the full name and address of each Executor. All Executors **must** sign the Certificate of Formation. Attach an additional list if necessary.

ADDITIONAL INFORMATION:

You may attach any optional provisions to this certificate (*please do not attach operating agreements or meeting minutes, these items are not filed with this office*).

FEES: The filing fee for the Certificate of Formation is \$180.00. If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". (***ALL fees are non-refundable and all documents are public record***)

Mail completed forms and payment to:

In Person:
Secretary of State
Corporations Division
801 Capitol Way S
Olympia, WA 98501-1226

By Mail:
Secretary of State
Corporations Division
PO BOX 40234
Olympia, WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps, call 360-725-0377 or email corps@sos.wa.gov.



This Box For Office Use Only

Limited Liability Company

See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number:

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY:

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)

SECTION 2

ADDRESS OF THE PRINCIPAL OFFICE:

Street Address _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

SECTION 3

EFFECTIVE DATE OF FORMATION: *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

SECTION 4

TENURE: *(Please check one of the following and indicate the date if applicable)*

- Perpetual existence
- Specific term of existence _____ *(Number of years or date of termination)*

SECTION 5

DESIGNATION OF REGISTERED AGENT: *SELECT ONLY ONE AGENT TYPE (RCW 23.95)*

<input type="checkbox"/> Commercial Agent	<input type="checkbox"/> Noncommercial Agent (most common)	<input type="checkbox"/> Office or Position
NAME	NAME	NAME
NAME ONLY of Commercial Registered Agent as recorded with the Secretary of State. (Address of Commercial Registered Agent is already on file)	Name of Noncommercial Registered Agent. (Any person or business not registered as a Commercial Registered Agent, must also include the physical address below)	List the Office or Position serving as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, Treasurer, must also include the physical address below)

Washington State Physical Address (*Required Only for Noncommercial, Office, or Position*):

Address _____
 City _____ WA Zip Code _____

Washington State Alternate Mailing or Postal Address (*optional*):

Address _____
 City _____ WA Zip Code _____

REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT:

I hereby consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X _____
Signature of Registered Agent Printed Name/Title Date

SECTION 6

NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:

(If necessary, attach additional names, addresses and signatures)

Name: _____
 Address: _____ City _____ State _____ Zip Code _____

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____
Signature of Executor Printed Name Date Phone
 Trustor/Trustee of the _____ Trust dated _____. See Attached Certificate of Trust.