



Arkansas Secretary of State

Mark Martin

1401 W. Capitol, Suite 250, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR CERTIFICATE OF REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Pursuant to the provisions of *Act 1003 of 1993* and *Arkansas Code Annotated § 4-32-1002*, the undersigned, as the duly authorized and acting member or managing agent of the Foreign Limited Liability Company named below (the "Limited Liability Company") for which this statement is submitted, under oath, does hereby state:

1. a. The Name of the Limited Liability Company is: _____
- b. The fictitious name to be used in Arkansas: _____

(The Limited Liability Company may use a fictitious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its members, certified by its secretary, adopting a new fictitious name.)

2. The state, territory or foreign country under whose laws the Limited Liability Company was organized is: _____
3. Date Organized: _____ Termination Date: _____
4. The name and address of the registered agent of the Limited Liability Company upon whom service of process is authorized to be made in Arkansas is:

Name of Registered Agent

Street Address City State ZIP Code

5. The address of the office required to be maintained in the jurisdiction of its formation by the laws of that jurisdiction or, if not so required, of the principal office of the Limited Liability Company:

Street Address

City State ZIP Code

6. The Limited Liability Company shall deliver, with the completed application, a certificate of existence (or document of similar import) duly authorized by the Secretary of State or other official having custody of its records in the state or country under whose laws it is filed.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this: _____ day of _____, _____.

Typed or Printed Name of Signer (Authorized Member of Manager)

Signature and designation of Authorized Member or Manager



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Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

Limited Liability Company Franchise Tax

Please Type or Print

In order for this limited liability company to receive its annual franchise tax reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Limited Liability Company name as used in Arkansas

Contact person

Street address or Post Office Box number

City, State, ZIP

Telephone number

E-mail address

NOTE: This tax is due on or before May 1 of the year following filing or qualification in this state.

Signature

Title