



Arkansas Secretary of State

John Thurston

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

FOREIGN PROTECTED SERIES DESIGNATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Pursuant to the provisions of Act 665 of 2019, the undersigned, as the duly authorized and acting member or managing agent of the Foreign Protected Series named below for which this statement is submitted, under oath, does hereby state:

1. a. Name of the Protected Series: _____
b. The fictitious name to be used in Arkansas: _____
2. Name of Affiliated Series LLC: _____
3. The state or country under whose laws the Protected Series was organized is: _____
4. Date Organized: _____ Termination Date: _____
5. The name and address of the registered agent of the Protected Series upon whom service of process is authorized to be made in Arkansas is: _____

6. 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 Protected Series:

7. The name and title of at least one officer: (attach additional page, if needed)
Name _____ Title (Manager, Member or Managing Member) _____
8. The Foreign Protected Series 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. I have consulted with a private Attorney and/or CPA regarding this Foreign Protected Series Designation.

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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Foreign Protected Series Franchise Tax

Please Type or Print

In order for this protected series 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.

Protected Series name as used in Arkansas

Contact person

Street address or Post Office Box number

City, State, ZIP

Telephone number

E-mail address

I affirm that franchise taxes are due by May 1st of the year following formation of this entity.

Signature

Title