



Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

John Thurston

501-682-3409 • www.sos.arkansas.gov

Protected Series Designation

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Protected Series under the Uniform Protected Series Act, Act 665 of 2019, adopts the following Protected Series Designation:

1. The Name of the Protected Series is : _____

2. Name of Affiliated Series Limited Liability Company: _____

3. Address of principal place of business of the Protected Series shall be:

4. The name and address of the registered agent of this Protected Series shall be: _____

5. If the management of this Protected Series is vested in a manager or managers, a statement to that effect must be included in the space provided or by attachment: _____

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 Protected Series Designation.

Executed this _____ day of _____, _____.

(Signature of person(s) forming the Protected Series)

(Typed or printed name)

(Signature of person(s) forming the Protected Series)

(Typed or printed name)

(Signature of person(s) forming the Protected Series)

(Typed or printed name)



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Protected Series Franchise Tax Contact Sheet

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

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

Signature

Title