Arkansas Secretary of State

John Thurston

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

APPLICATION FOR CERTIFICATE OF REGISTRATION OF FOREIGN SERIES LIMITED LIABILITY COMPANY

(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 Series Limited Liability Company named below for which this statement is submitted, under oath, does hereby state:

1. a. Name of the Series Limited Liability Company: _____

   b. The fictitious name to be used in Arkansas: _____

2. Names of Affiliated Protected Series: _____

   _____

3. The state or country under whose laws the Series Limited Liability Company was organized is: _____
4. Date Organized: _____ Termination Date: _____
5. The name and address of the registered agent of the Series Limited Liability Company 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 Series Limited Liability Company:

   _____

7. The Series 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. I have consulted with a Private Attorney and/or CPA regarding this Application for Certificate of Registration for a Foreign Series Limited Liability Company.

   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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Series Limited Liability Company Franchise Tax

Please Type or Print

In order for this series 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.

Series LLC 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