



# Arkansas Secretary of State

## John Thurston

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

501-682-3409 • www.sos.arkansas.gov

### Limited Liability Company Certificate of Transfer of Domicile (Domestication) To Arkansas

The undersigned, pursuant to Act 1041 of 2021, sets forth the following:

1a. The Name of the Limited Liability Company is: \_\_\_\_\_

1b. The fictitious name to be used in this state IF the foreign legal name is not available for use is:

\_\_\_\_\_  
(A copy of the resolution adopting the use of a fictitious name is required for filing.)

2. The previous jurisdiction under whose laws the Limited Liability Company was organized is:

\_\_\_\_\_  
(State, Territory or Country) (Date organized) (Period of Duration)

3. The Name and address of the Registered Agent of this Limited Liability Company Shall be:

\_\_\_\_\_  
(Name) (Physical Street Address) (City, State & Zip)

4. The foreign Limited Liability Company shall deliver with this application:

- (a) A Certified copy (dated within 60 days) of its original or restated articles and all amendments subsequent to the latest restatement which were filed in the previous jurisdiction.
- (b) A certificate by the Secretary of State or other proper officer of the jurisdiction in which the Limited Liability Company is organized showing that the foreign Limited Liability Company is authorized by law to domesticate to Arkansas.
- (c) A Certificate of Organization for a Domestic LLC (see attached)

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title



# Arkansas Secretary of State

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

## John Thurston

501-682-3409 • www.sos.arkansas.gov

### Certificate of Organization for Limited Liability Company

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Limited Liability Company under the Uniform Limited Liability Company Act, Act 1041 of 2021 Arkansas Code Annotated § 4-38-201, adopts the following Certificate of Organization of such Limited Liability Company:

1. The Name of the Limited Liability Company is : \_\_\_\_\_

- \* Must contain the words "Limited Liability Company," "Limited Company," or the abbreviation "L.L.C.," "L.C.," "LLC," or "LC." The word "Limited" may be abbreviated as "Ltd.," and the "Company" may be abbreviated as "Co."
- \* Companies which perform a professional service **MUST** additionally contain the words "Professional Limited Liability Company," "Professional Limited Company," or the abbreviations "P.L.L.C.," "P.L.C.," "PLLC," or "PLC" and not contain the name of a person who is not a member except that of a deceased member. The word "Limited" may be abbreviated as "Ltd.," and the "Company" maybe abbreviated as "Co."

2. Address of the principal office of business of the Limited Liability Company shall be: \_\_\_\_\_  
(Physical Street Address) (City, State & Zip)

3. The name and address of the registered agent of this company shall be: \_\_\_\_\_  
(Name)  
(Physical Street Address) (City, State & Zip)

4. The name and title of at least one officer for franchise tax purposes: (attach additional page, if needed)

Name	Title (Member or Manager)
_____	_____
_____	_____
_____	_____

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Organizer) (Typed or printed name)

\_\_\_\_\_  
(Signature of Organizer) (Typed or printed name)



# Arkansas Secretary of State

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

**John Thurston**

501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

## 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

IRS link for obtaining a Federal Tax ID: <https://www.irs.gov/businesses/small-businesses-self-employed/how-to-apply-for-an-ein>

\_\_\_\_\_  
Federal Tax ID:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title