



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

INSTRUCTIONS: DOMESTIC SERIES LLC APPLICATION

*****The following numbers correspond to the numbered sections on the Certificate of Organization for a Series Limited Liability Company.**

1. Enter the name of the Series Limited Liability Company.

The name must contain the words "Series Limited Liability Company," or the abbreviation "S.L.L.C." or "SLLC."

2. Enter the name(s) of the affiliated Protected Series. If there are not enough spaces, you may attach a separate sheet.

The name of a Protected Series of a Series Limited Liability Company must begin with the name of the Series Limited Liability Company. You must have at least one Protected Series when you form the Series Limited Liability Company.

Each Protected Series must have a unique identifier after the Series Limited Liability Company Name (ex. 1, 2, 3, A, B, C, Red, Blue, etc.).

3. Enter the address of the principal place of business of the Series Limited Liability Company. This address may be, but need not be, the place of business.

4. Enter the name and address of the Registered Agent. This address must be a physical Arkansas address.

The Registered Agent must be a person or an entity that is registered with our office and in Good Standing. The Agent is designated to receive service of process on behalf of the Series Limited Liability Company.

All Protected Series must have the same Registered Agent as the affiliated Series Limited Liability Company.

5. Designate if the management of the Series Limited Liability Company is vested in members or managers. If you have a statement to that effect, please include the statement.

6. Enter the name and title of at least one Member or Manager of the Series LLC.

*****The Office of the Secretary of State cannot give advice or guidance regarding the Application. You will need to consult with your private attorney and/or CPA if you are considering forming a Series LLC.**