



Arkansas Secretary of State

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

APPLICATION FOR CERTIFICATE OF REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(PLEASE TYPE OR PRINT CLEARLY IN INK)

Pursuant to the provisions of *Act 1041 of 2021* and *Arkansas Code Annotated § 4-38-201*, the undersigned, as the duly authorized and acting member or managing agent of the Foreign Limited Liability Company named below (the "Limited Liability Company") for which this statement is submitted, under oath, does hereby state:

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

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

(The Limited Liability Company may use a fictitious name to transact business in Arkansas if its real name is unavailable and it delivers to the Secretary of State for filing a copy of the resolution of its members, certified by its secretary, adopting a new fictitious name.)

2. The state, territory or foreign country under whose laws the Limited Liability Company was organized is:

3. Date Organized: _____ Termination Date: _____

4. The name and address of the registered agent of the Limited Liability Company upon whom service of process is authorized to be made in Arkansas is:

Name of Registered Agent

Street Address

City

State

ZIP Code

5. 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 Limited Liability Company:

Street Address

City

State

ZIP Code

6. The address of the principle office located in the State of Arkansas:

Street Address

City

State

ZIP Code

7. The Name and title of at least one officer: (attach additional page, if needed)

Name

Title (Member, Manager or Managing Member)

8. The 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 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 _____, 20____

Signature of Organizer

Typed or printed name



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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:

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

Signature

Title