

**CERTIFICATE OF FORMATION  
LIMITED LIABILITY COMPANY**

Pursuant to Title 25.15 of the Revised Code of Washington, the undersigned does hereby submit this Certificate of Formation for the purpose of forming a limited liability company.

1. The name of the limited liability company is:

\_\_\_\_\_  
**(Name shown above must contain the either the words "Limited Liability Company," Limited Liability Co.," or the abbreviation "L.L.C..")**

2. The latest date on which the limited liability company is to dissolve is: \_\_\_\_\_

3. The name of the initial registered agent is: \_\_\_\_\_

**(The registered agent must reside in the state of Washington and sign the consent to appointment as registered agent)**

4. The initial registered office, which address is identical to the business office of the registered agent in Washington, is:

Number and Street

City \_\_\_\_\_, **WASHINGTON** Zip Code \_\_\_\_\_

- 4a. (Optional) The post office box address, **located in the same city as the Washington registered office address**, which may be used for mailing purposes only, is:

PO Box # \_\_\_\_\_ City \_\_\_\_\_, **WASHINGTON** Zip Code \_\_\_\_\_

**CONSENT TO APPOINTMENT AS REGISTERED AGENT**

**(NOTE: Must be completed and signed by the person shown as registered agent on line 3.)**

I, \_\_\_\_\_, hereby consent to serve as Registered Agent in the state of Washington for the above named limited liability company. I understand that as agent for the limited liability company, it will be my responsibility to accept Service of Process on behalf of the limited liability company; to forward license renewals and other mail to the limited liability company; and to immediately notify the Secretary of State in the event of my resignation or of any changes in the Registered Office address.

\_\_\_\_\_  
**(Signature of Registered Agent)**

\_\_\_\_\_  
**(Print Name and Title)**

\_\_\_\_\_  
**(Date)**

5. The address of the principal place of business of the limited liability company is:

Number and Street

City \_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. Management of the limited liability company is vested in one or more managers:

☐ YES ☐ NO

7. Any other provisions the limited liability company elects to include are attached.

8. The name and address of each person executing this certificate is:

Name	Address	City	State	Zip Code
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9. This certificate will be effective upon filing, unless an extended date and/or time appears here:

\_\_\_\_\_, 19—.

(Note: Extended effective date may not be set at more than 90 days beyond the date the document is stamped "Filed" by the Secretary of State.)

Dated: \_\_\_\_\_ 19—

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type or Print Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type or Print Name)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type or Print Name)

## **GENERAL INSTRUCTIONS**

All entities registering as a limited liability company must comply with the following at the time of filing.

1. All documents must be typewritten or printed legibly.
2. Limited Liability Company name must be available for use and contain a limited liability company designation which may be "limited liability company," "limited liability co.," or "L.L.C.". (A name may be reserved in advanced and held for a period of 180 days. Reservation fee is \$\_\_\_\_\_)
3. The appointed registered agent must be a resident of the state of Washington or an active corporation, limited partnership, or limited liability company registered in Washington.
4. The appointed registered agent must sign the consent to appointment.
5. The registered office address must have a Washington street address identical to the business address of the registered agent. (A post office box address may only be used in conjunction with the street address for mailing purpose, if located in the same city.)
6. The principal place of business must be indicated.
7. The name(s) and address(es) of each person executing the certificate must be listed.
8. The individual(s) executing the certificate must sign the original copy of articles.
9. The required fee of \$\_\_\_\_\_ must accompany the documents.

The original and on (1) or more copies of the Certificate of Formation must be delivered (mailed) to:

**CORPORATION DIVISION**  
Office of the Secretary of State  
505 E. Union, 2nd Floor  
P.O. Box 40234  
Olympia WA 98504-0234  
Information: (360) 753-7115

## **IMPORTANT NOTICE**

Within 120 days after filing a Certificate of Formation, an initial annual report must be filed with the Office of the Secretary of State. This annual report will automatically be sent to the registered agent at the registered office address within two weeks of the filed date. To avoid possible cancellation of your Limited Liability Company status, complete and return the initial annual report and the \$\_\_\_\_\_ filing fee within the time frame indicated.