STATE OF MONTANA

CERTIFICATE of AUTHORITY of FOREIGN SERIES LIMITED LIABILITY COMPANY APPLICATION 35-8-1003, MCA

MAIL: LINDA McCULLOCH

PHONE: (406) 444-3665 FAX: (406) 444-3976 **WEB SITE:** sos.mt.gov

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4.



MAKE CHECK PAYABLE TO SECRETARY OF STATE **Please Check One Box:**

☐ Foreign Series Limited Liability Company

☐ Foreign Professional Series Limited Liability Company

Prepare, sign, submit with an original signature and filing fee.	
This is the minimum information required.	

OF MONTANA			Prepare, sign, submit with an original signature and filing fee. This is the minimum information required.
CATE of AUTHORITY GN SERIES LIMITED LIABILITY TION 35-8-1003, MCA LINDA McCULLOC Secretary of State P.O. Box 202801 Helena, MT 59620-2 (406) 444-3665	н	THE STATE OF THE S	(This space for use by the Secretary of State only)
(406) 444-3976 E: <u>sos.mt.gov</u>		-	
HECK PAYABLE TO SECRETAR' heck One Box: gn Series Limited Liability Com gn Professional Series Limited The name of the series limite	pany Liability Company	s:	Required Filing Fee: \$70.00 Plus \$50.00 per each Series Member 24 Hour Priority Handling check box and Add \$20.00 1 Hour Expedite Handling check box and Add \$100.00
		nny", "limited co." "or	an abbreviation. If professional, must contain the words
"professional limited liability compa Attach list naming each Serie		with their individ	dual Operating Agreements
The state of organization is:			
			d the period of duration is:
The name and address of the Appointment of the Registered A	-		nt.
Name:			·····
Street Address (required):			
Mailing Address:			
City:		State	:: <u>MT</u> Zip Code:
The business mailing address	of the principal offic	ce is:	
City:		State:	Zip Code:
The Series LLC is managed by	(check one) a □Ma	nager or by its 🗖	Members.
Name and business address of	of current managing	Managers or ma	naging Members are (attach a list if necessary):
If a Professional Series Limite			

5.	The name and address of the registered office/agent in Montana: Appointment of the Registered Agent is confirmation of the agent's consent.				
	Name:				
	Street Address (required):				
	Mailing Address:				
	City:	State: <u>MT</u>	Zip Code:		
6.	The business mailing address of the pri	ncipal office is:			
	City:	State:	Zip Code:		
7.	The Series LLC is managed by (check on	e) a □Manager or by its □Memb	ers.		
	The Series LLC is managed by (check on Name and business address of current of the series and business address of current of the series LLC is managed by (check on Name and business address of current of the series LLC is managed by (check on Name and business address of current of the series LLC is managed by (check on Name and business address of current of the series LLC is managed by (check on Name and business address of current of the series address of the series	managing Managers or managing	Members are (attach a list if necessary):		
8.	The Series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series LLC is managed by (check on Name and business address of current in the series address of current	managing Managers or managing	Members are (attach a list if necessary):		
7. 8. 9.	The Series LLC is managed by (check on Name and business address of current of the Series Limited Liability)	managing Managers or managing Company, the services to be rend ty of law, that the facts contained in	Members are (attach a list if necessary): ered: in this document are true and that this entity		
8. 9.	The Series LLC is managed by (check on Name and business address of current of the Professional Series Limited Liability I, HEREBY SWEAR AND AFFIRM, under penalth has complied with the organizational law jurisdiction.	managing Managers or managing Company, the services to be rend ty of law, that the facts contained it ws in the jurisdiction in which it is	Members are (attach a list if necessary): ered: in this document are true and that this entity		

HELP SHEET: Application for Certificate of Authority for Foreign Series Limited Liability Company

Use this form to file for Certificate of Authority for a foreign Series Limited Liability Company.

"A foreign limited liability company is liable for a civil penalty of \$5.00 for each day, not to exceed a total of \$1,000 for each year, that it transacts business in this state without a certificate of authority." In addition, such a company will not be allowed to maintain a proceeding in any court until a certificate of authority is filed with the secretary of state. (35-8-1002, MCA)

ITEM 1

The business name of a series limited liability company must contain the words or an abbreviation of "limited liability company", "limited company", or if professional, "professional limited liability company". (35-8-103, MCA)

If a foreign series limited liability company's real name is unavailable for use in Montana, an Assumed Business Name must be used. (35-8-1009, MCA)

ITEM 7

A professional series limited liability company may be formed for the purpose of rendering professional services with limited liability status. (35-8-1301, MCA)

For a professional series limited liability company, at least half of the managers must be qualified persons with respect to the limited liability company. (35-8-1302, MCA)

MAKE CHECK PAYABLE TO THE MONTANA SECRETARY OF STATE

When submitting your documents please provide a daytime contact name, phone number and/or email address.