



**STATE OF WASHINGTON
SECRETARY OF STATE**

**APPLICATION TO FORM A
LIMITED LIABILITY COMPANY**

(Per Chapter 25.15 RCW)

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

Important! Person to contact about this filing	Daytime Phone Number (with area code)
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CERTIFICATE OF FORMATION

NAME OF LIMITED LIABILITY COMPANY (LLC) <i>(Must contain the word "Limited Liability Company" "Limited Liability Co." "L.L.C." or "LLC")</i>	
ADDRESS OF LLC'S PRINCIPAL PLACE OF BUSINESS Street Address (Required) _____ City _____ State _____ ZIP _____ PO Box (Optional - Must be in same city as street address) _____ ZIP (If different than street ZIP) _____	
EFFECTIVE DATE OF LLC <i>(Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)</i> <input type="checkbox"/> Specific Date: _____ <input type="checkbox"/> Upon filing by the Secretary of State	
DATE OF DISSOLUTION <i>(If applicable)</i>	MANAGEMENT OF LLC IS VESTED IN ONE OR MORE MANAGERS <input type="checkbox"/> Yes <input type="checkbox"/> No

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE LLC ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name _____		
Street Address (Required) _____ City _____ State _____ ZIP _____		
PO Box (Optional - Must be in same city as street address) _____ ZIP (If different than street ZIP) _____		
<i>I consent to serve as Registered Agent in the State of Washington for the above named LLC. I understand it will be my responsibility to accept Service of Process on behalf of the LLC; to forward mail to the LLC; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.</i>		
Signature of Agent _____	Printed Name _____	Date _____

NAMES ADDRESSES OF EACH PERSON EXECUTING THIS CERTIFICATE <i>(If necessary, attach additional names and addresses)</i>		
Printed Name _____	Signature _____	
Address _____	City _____	State _____ ZIP _____
Printed Name _____	Signature _____	
Address _____	City _____	State _____ ZIP _____
Printed Name _____	Signature _____	
Address _____	City _____	State _____ ZIP _____

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