



Wyoming Secretary of State

State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

For Office Use Only

**Foreign Limited Liability Company
Articles of Continuance**

Pursuant to W.S. 17-29-1010 of the Wyoming Limited Liability Act, the undersigned hereby submits the following Articles of Continuance:

1. Name of the limited liability company:

2. Organized under the laws of:

(State or country of organization)

3. Date of organization:

(Date – mm/dd/yyyy)

4. Period of duration:

(This is referring to the length of time the limited liability company intends to exist and not the length of time it has been in existence. The most common term used is “perpetual.” You may refer to your Articles of Organization or contact the Corporations Division in your state of organization for your period of duration.)

5. Mailing address of the limited liability company:

6. Principal office address:

7. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

8. The purpose of the limited liability company which it proposes to pursue in the transaction of business in the state of Wyoming:

9. If the company is managed by a manager or managers, the names and addresses of such managers:

If the management of the company is reserved to the members, the names and addresses of its members:

10. The total amount of capital contributions: \$

11. The limited liability company will abide by the constitution and laws of Wyoming.

Signature: _____
(May be executed by a member, manager, or other authorized individual as set forth in the operating agreement.)

Date: _____
(mm/dd/yyyy)

Print Name:

Title: _____ Contact Person: _____

Daytime Phone Number: _____

Email: _____

State of _____
County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

by _____.

SEAL

Notary Public

My commission expires: _____

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.

The application shall be executed by the manager or managers if any, or by any member who is authorized to execute the application on behalf of the limited liability company and shall be verified by the person signing the application on behalf of the limited liability company.

The Articles of Continuance must be accompanied by a written consent to appointment executed by the registered agent.

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

A copy of the unfiled Articles of Dissolution you will submit to your foreign jurisdiction after the continuance has been processed in Wyoming.

A copy of the company resolution authorizing continuance of the limited liability company into Wyoming.

A certified copy of its original articles of organization and all amendments currently certified within the last six (6) months by the proper officer of the state or nation of formation.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents.

Note: Once the dissolution has been filed in the former domestic state, an official of the foreign jurisdiction must provide evidence the entity was dissolved after it continued to Wyoming.

Other Requirements:

- An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



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Consent to Appointment by Registered Agent

I, _____, registered office located at _____
(name of registered agent)

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.