



**Wyoming Secretary of State**

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

For Office Use Only

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**Foreign Limited Liability Company  
Articles of Domestication**

Pursuant to W.S. 17-29-1013 of the Wyoming Limited Liability Company Act, the undersigned hereby applies for a Certificate of Domestication and for that purpose hereby submits Articles of Domestication.

1. Limited liability company name:

2. Formed under the laws of:

*(State or country of formation)*

3. Date of formation:

*(mm/dd/yyyy)*

4. Period of duration:

*(This is referring to the length of time the 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 Secretary of State's office in your state of organization for your period of duration.)*

5. Mailing address of the 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. Purpose or purposes of the company which it proposes to pursue in the transaction of business in Wyoming:

9. Names and usual business addresses of its current members and managers:

Name

Address

Manager

Manager

Member

Member

Member

Member

10. The company accepts the constitution of the State of Wyoming in compliance with the requirement of Article 10, Section 5 of the Wyoming Constitution.

**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:

**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.

**\*See last page for checklist\***

## Checklist

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

The Articles 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 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.

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than thirty (30) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country 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.**



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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.