



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@state.wy.us

For Office Use Only

**Foreign Registered Limited Liability Partnership
Statement of Registration**

1. Name of the registered limited liability partnership:

2. Mailing address of the registered limited liability partnership:

3. Jurisdiction under the laws of which govern its partnership agreement and under which it is registered as a limited liability partnership:

(State or country of organization)

4. Principal office address which, if in this state, shall be its registered office for service of process and the name of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic corporation, or foreign corporation 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.)*

5. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in this state, which the partnership will be required to maintain:

6. Brief statement of the business in which the partnership engages:

7. Any other information:

8. This partnership is a registered limited liability partnership.

9. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

Date:
(mm/dd/yyyy)

Signature: _____

Print Name:

Title:

Date:
(mm/dd/yyyy)

Signature: _____

Print Name:

Title:

Date:
(mm/dd/yyyy)

Signature: _____

Print Name:

Title:

Contact Person:

Daytime Phone Number:

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.
The Registration 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 certificate of existence/good standing or document of similar import must accompany the application.
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.