



Wyoming Secretary of State

Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Email: Business@wyo.gov

For Office Use Only

**Series Limited Liability Company
Articles of Organization**

1. Name of the limited liability company:

2. This entity elects to be a (*choose only one option*):

Series LLC

Series and Close LLC

(Refer to the Close Limited Liability Supplement for more information W.S. 17-25-109.)

3. Name and physical address of its registered agent:

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

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the limited liability company:

5. Principal office address:

6. Limitation on liabilities: In accordance with W.S. 17-29-211(b) and (c), the series named in these Articles of Organization or series yet to be established have limited liability as set forth in the operating agreement and as set forth in these articles:

7. Established series *(choose only one option):*

Yes, there are series established at this time.

No, there are no series established at this time. *(If checked, the names of each series shall be provided in articles of amendment to the Secretary of State within 30 days of the establishment of the series.)*

If the answer to 7 is “Yes,” the names of each series shall be set forth below in accordance with Chapter 5 of the Wyoming Secretary of State Business Entities Rules: *(If additional space is needed, please attach a separate sheet.)*

8. Certification. (Please check the box to complete the required certification.)

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

Signature: _____
(Shall be executed by an organizer.)

Date: _____
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)