



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR REGISTRATION LIMITED LIABILITY COMPANY - FOREIGN

C.G.S. §34-223 (see also §§34-101; 34-109; 34-227)

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP:	FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF STATE"
1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION - REQUIRED:	
2. NAME UNDER WHICH THE LIMITED LIABILITY COMPANY WILL TRANSACT BUSINESS IN CONNECTICUT, IF DIFFERENT FROM NAME STATED ABOVE: (MUST INCLUDE BUSINESS DESIGNATION SUCH AS: L.L.C., LLC, ETC.)	
3. STATE/COUNTRY OF FORMATION - REQUIRED:	
4. DATE OF FORMATION - REQUIRED:	
5. DATE LIMITED LIABILITY COMPANY BEGAN TRANSACTING BUSINESS IN CONNECTICUT - REQUIRED:	
6. ADDRESS REQUIRED TO BE MAINTAINED IN STATE/COUNTRY OF FORMATION OR, IF NOT REQUIRED, THE PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY COMPANY-REQUIRED: ADDRESS: CITY: STATE: ZIP:	
7. DESCRIPTION OF BUSINESS TO BE TRANSACTED IN CONNECTICUT - REQUIRED:	

8. APPOINTMENT OF REGISTERED AGENT FOR SERVICE OF PROCESS-REQUIRED: THE LLC MAY NOT BE APPOINTED AS ITS OWN AGENT; HOWEVER A MANAGER/MEMBER OF THE LLC RESIDING IN CONNECTICUT MAY BE THE AGENT. (CHECK A OR COMPLETE B)

A. THE LIMITED LIABILITY COMPANY APPOINTS THE SECRETARY OF THE STATE OF CONNECTICUT AND HIS/HER SUCCESSORS IN OFFICE TO BE ITS AGENT, UPON WHOM ANY PROCESS, IN ANY ACTION OR PROCEEDING AGAINST IT, MAY BE SERVED.

B. NAME OF AGENT (SEE INSTRUCTIONS)

SIGNATURE ACCEPTING APPOINTMENT

(IF AGENT IS A BUSINESS ALSO PRINT NAME AND TITLE OF PERSON SIGNING.)

<p>BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>CONNECTICUT RESIDENCE ADDRESS (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>
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9. MANAGER(S) OR MEMBER(S) INFORMATION-REQUIRED:

NAME:

TITLE:

<p>BUSINESS ADDRESS (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>	<p>RESIDENCE ADDRESS (P.O.BOX UNACCEPTABLE)</p> <p>ADDRESS:</p> <p>CITY:</p> <p>STATE: ZIP:</p>
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10. ENTITY EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE.")

11. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)

THE UNDERSIGNED ASSERTS THAT THE SUBJECT LIMITED LIABILITY COMPANY IS A FOREIGN LIMITED LIABILITY COMPANY AS DEFINED IN CONNECTICUT GENERAL STATUTES SECTION 34-101(8).

DATED THIS _____ DAY OF _____, 20 _____

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO www.ct.gov/drs

INSTRUCTIONS

1. Name of limited liability company in state or country of formation-REQUIRED: Please provide the name of the limited liability company.
 2. Name under which the limited liability company shall transact business in Connecticut: If the limited liability company shall transact business in Connecticut under a name other than its name in its state of formation, set forth such name in the space provided. The name must be distinguishable from all other business names of record in the Office of the Secretary of the State and contain an appropriate limited liability company designation such as LLC.
 3. State or country of formation-REQUIRED: Please provide the limited liability company's state or country of formation.
 4. Date of formation-REQUIRED: Please provide the date upon which the limited liability company was formed in its state or country of formation. The date must include a month, day and year.
 5. Date limited liability company began transacting or will begin transacting business in Connecticut-REQUIRED: Please provide the exact month, day and year upon which the limited liability company began transacting business in Connecticut. If the limited liability company has not yet commenced transacting business in Connecticut, please make a statement to that effect.
 6. Office address of the limited liability company-REQUIRED: Please provide the complete office address that is required to be maintained in the state or country of the limited liability company's formation. If not so required, please provide its principal office address. All addresses must include a street number, street name, city, state, postal code and country if other than the United States. Note that P.O. boxes are only acceptable as additional information.
 7. Character of business to be transacted in Connecticut Please provide a description of the business which the limited liability company will transact in Connecticut.-REQUIRED.
 8. Appointment of registered agent-REQUIRED: The limited liability company may appoint either:
 - A. The Secretary of the State
or
 - B. Any individual who is a resident of Connecticut, including a manager or member of the LLC. (An individual must provide the complete street address of his or her business and a Connecticut residence address.)
or
- Any of the following business types, on record with this office:
- A Connecticut corporation, limited liability company, limited liability partnership or statutory trust
 - A foreign corporation, limited liability company, limited liability partnership or statutory trust, which has obtained a certificate of authority to transact business in Connecticut and has a Connecticut address on file with this office
1. The business must provide a Connecticut business address in Box 8B.
 2. Print the name & title under the signature of the individual signing acceptance on behalf of the business agent.
9. Manager(s) or member(s) information-REQUIRED: The Limited Liability Company must list the name, title, residence and business address of one manager or member of the Limited Liability Company. More than one may be listed (attach extra sheet if necessary).
 10. Entity Email Address-REQUIRED. (If none, must state "NONE".) The Secretary must notify entities via email when their Annual Reports are due.
 11. Execution: The document must be executed by an authorized official of the limited liability company. That person must print or type his or her full legal name, state the capacity/title under which he/she signs and provide his/her signature. The execution constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

For Connecticut business entity tax purposes, a foreign limited liability company will be subject to the tax:

- For the taxable year during which its application for registration is filed with the Connecticut Secretary of the State,
- For the taxable year during which its certificate of cancellation is filed with the Connecticut Secretary of the State, and
- For all intervening taxable years. For more information on the Business Entity Tax go to www.ct.gov/BET or call DRS during business hours, Monday through Friday, at 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or 860-297-5962 (from anywhere).
- An annual report will be due yearly in the anniversary month that the LLC was organized and can be easily filed online @ www.concord.sots.ct.gov

OFFICE OF THE SECRETARY OF THE STATE

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