

Limited Liability Company Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

<http://soswy.state.wy.us>

Before Filing Please Note

- One **originally signed** Articles of Continuance and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- Reference the checklist at the bottom of the Articles for a detailed list of the required attachments.
- The name must include the words “Limited Liability Company,” or its abbreviations “LLC,” “L.L.C.,” “Limited Company,” “LC,” “L.C.,” “Ltd. Liability Company,” “Ltd. Liability Co.,” or “Limited Liability Co.”
- Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- Please provide at least one e-mail address in the Articles of Continuance. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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Wyoming Secretary of State
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 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)

3. Date of organization:

(Date – mm/dd/yyyy)

4. Mailing address of the limited liability company:

5. Principal office address:

6. 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.**)*

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

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

Date:
(*mm/dd/yyyy*)

Print Name:

Contact Person:

Title:

Daytime Phone Number:

Email:

(*Email provided will receive annual report reminders and filing evidence*)
**May list multiple email addresses*

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING:

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.

A copy of the **company resolution** authorizing continuance of the Limited Liability Company into Wyoming.

Note: Please **provide evidence showing the entity has been dissolved** after the continuation into Wyoming has been completed. Copies of the dissolution are acceptable and can be emailed to Business@wyo.gov or mailed in.



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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: _____
(Shall be executed by the registered agent.)

Date:
(mm/dd/yyyy)

Print Name: Daytime Phone:

Title: Email:

Registered Agent Mailing Address
(if different than above):

*** If this is a current registered agent changing their registered address on file, 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: _____
(Shall be executed by the registered agent.)

Date:
(mm/dd/yyyy)