# FOREIGN REGISTRATION STATEMENT

LIMITED LIABILITY COMPANY - FOREIGN

- Use ink Print or type.
- Attach additional 81/2 x 11 sheets if necessary.

FILING PARTY (Confirmation will be sent to this address):							
NAME:							
MAILING		FILING FEE: \$120					
ADDRESS:		Make checks payable to					
		"Secretary of State"					
CITY:							
STATE: ZIP:	-						
1. NAME OF LIMITED LIABILITY COMPANY IN STATE OR COUNTRY OF FORMATION (required)							
(Must include business designation such as LLC, L.L.C., etc.):							
2. ALTERNATE NAME TO BE USED IN CONNECTICUT (complete <b>only</b> if name at "1" is not available)							
(Must include business designation such as LLC, L.L.C., etc.):							
3. STATE/COUNTRY OF FORMATION (required):	ATION (required):						
5. DATE LIMITED LIABILITY COMPANY BEGAN/WILL BEGIN							
TRANSACTING BUSINESS IN CONNECTICUT (required):							
(mm/dd/yyyy)							
6. PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESSES (required):							
PRINCIPAL OFFICE ADDRESS AND MAILING ADDRESSES	PRINCIPAL OFFICE	MAILING ADDRESS:					
(P.O. Box unacceptable)							
STREET:	STREET OR P.O. BOX:						
CITY:	CITY:						
STATE: ZIP: –	STATE:	ZIP: –					
7. IF LLC IS REQUIRED TO MAINTAIN AN ADDRESS IN STATE/COUNTRY OF FORMATION, THEN COMPLETE BOTH:							
OFFICE ADDRESS IN STATE OF FORMATION: (P.0. Box unacceptable)	MAILING ADDRESS IN STATE OF FORMATION:						
STREET:	STREET OR P.O. BOX:						
CITY:	CITY:						
STATE: ZIP: –	STATE:	ZIP: –					
8. ENTITY E-MAIL ADDRESS (required):							
(Check box if none. Do not leave blank.)							





# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: <u>crd@ct.gov</u> • WEB: <u>www.concord-sots.ct.gov</u>

NOTE: COMPLETE EITHER 9A <u>OR</u> 9B <u>OR</u> 9C BELOW – NOT ALL THREE.									
9. APPOINTMENT OF REGISTERED AGENT FOR SERVICE OF PROCESS (required): The LLC may not be appointed as its own Agent. However, the Manager/Member of the LLC residing in Connecticut									
	LC may not be appoint be the Agent. (Check )			the Mana	ger/Mem	ber of the	LLC residin	ig in Connecti	cut
									ha ita
	A. I 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, notice or demand may be served.							Dells	
ľ									
	NOTE: DO NOT COMPLETE 9B IF AGENT APPOINTED IN 9A ABOVE OR 9C BELOW.								
B. 🗌 If	f Agent is an individua	<b>al,</b> print or typ	be full legal name:						
Signa	ature accepting appo	intment							
	SS ADDRESS (require	ed):	Check box if none:			ESIDENCE	ADDRESS	(required):	
(P.O. Box unad STREET:	cceptable)			(P.O. Box unad STREET:	ceptable)				
CITY:				CITY:					
STATE:		ZIP:	_	STATE:	CT		ZIP:	-	
CONNECTICUT MAILING ADDRESS (required):									
STREET (	or P.O. Box:								
CITY:									
STATE:	СТ		ZIP:	_					
	_								
NOTE: DO NOT COMPLETE 9C IF AGENT APPOINTED IN 9A OR 9B ABOVE.  If Agent is a business, print or type name of business as it appears on our records:									
Signature accepting appointment on behalf of agent:									
Print full name and title of person signing on behalf of agent:									
	CTICUT BUSINESS A	DDRESS (re	quired):	CONNEC		AILING AD	DRESS (red	quired):	
(P.O. Box unacceptable) STREET:			STREET OR P.O. BOX:						
CITY:				CITY:					
	CT	710				СТ	סוד		
STATE:	CT	ZIP:	-	STATE:			ZIP:	-	



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<b>10. MANAGER OR MEMBER INFORMATION (required):</b> (Must list at least one Manager or Member of the LLC.)									
NAME	TITLE	BUSINESS ADDRESS (No PO Box)			RESIDENCE ADDRESS (No PO Box)				
		Check if none:							
		ADDRESS:			ADDRESS:				
		CITY:			CITY:				
		STATE:	ZIP:	_	STATE:	ZIP: –			
Check if none:									
		ADDRESS:			ADDRESS:				
		CITY:			CITY:				
		STATE:	ZIP:	-	STATE:	ZIP: –			
			Check if none:						
		ADDRESS:			ADDRESS:				
		CITY:			CITY:				
		STATE:	ZIP:	_	STATE:	ZIP: –			
11. EXECUTION (required –	subject to penalty	of false stat	tement):						
The undersigned asserts that the subject limited liability company is a foreign limited liability company.									
Date (mm/dd/yyyy):									
NAME OF SIGNATORY		CAPACITY/TITLE OF SIGNATORY			SIGNATURE				
					•				

### INSTRUCTIONS

- 1. Provide the name of the limited liability company (name must include a business designation such as L.L.C., LLC, etc.).
- If name provided in number 1 is <u>not available</u> for use in Connecticut, provide an <u>alternate</u> name that shall be used in the state of Connecticut. The name must be distinguishable from all other business names on record at the Office of the Secretary of State and <u>must</u> contain an appropriate limited liability company designation such as LLC.

To check availability of LLC name, go to **<u>www.sots.ct.gov</u>**; select Business Services; then under Business Filings select Search Business Name, and type the name of your LLC. If the name comes up as active then the name is not available.

- 3. Provide the limited liability company's state or country of formation
- 4. 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. Provide the exact <u>month, day, and year</u> upon which the limited liability company began/will begin transacting business in Connecticut. If the limited liability company has not yet commenced transacting business in Connecticut, please make a statement to that effect (e.g., "upon filing" or "upon acceptance.")
- 6. Provide the street number, street name, city, state and postal code for the principal office address. Note: The principal office mailing address may include a P.O. Box.
- 7. If the limited liability company is required to maintain an office in its state of formation, provide the street address (must include a street number, street name), city, state, postal code, country (if other than the United States) and a mailing address of the office (may include a P.O. Box).
- 8. Provide the entity's email address (if none, check box "none"). The Secretary will notify entities via email when their Annual Reports are due. *Do not leave blank*.
- 9. The limited liability company may appoint either:
  - A. The Secretary of the State

or

B. An 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 complete Connecticut residence address <u>and</u> a Connecticut mailing address.

or

- C. 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.

The business must provide a Connecticut business address in Box 9C and a Connecticut mailing address. Print the name and title under the signature of the individual signing acceptance on behalf of the business agent.

- 10. The limited liability company must list the name, title, residence and business address of one manager or member of the limited liability company. (Attach an extra sheet if additional space is required.)
- 11. The document must be executed/signed by an authorized official of the limited liability company. That person must print or type his/her full legal name, state the capacity/title under which he/she signs and provide his/ her signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

An annual report will be due yearly, to be filed between January 1st and March 31st, and can be easily filed online at <u>www.concord-sots.ct.gov</u>.

# Make checks payable to "The Secretary of the State."

### OFFICE OF THE SECRETARY OF THE STATE

#### Mailing Address:

Business Services Division Connecticut Secretary of the State P.O. Box 150470 Hartford, CT 06115-0470

## **Delivery Address:**

Business Services Division Connecticut Secretary of the State 30 Trinity Street Hartford, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov