

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$750 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

Application must be accompanied by a one page original certificate of existence issued by the Secretary of State or other official having custody of the organizational records in the state or country under whose law it is organized.

1. The name of the company is _____

The name must include limited liability company, limited company or the abbreviation L.L.C., LLC, L.C. or LC. Limited may be abbreviated as Ltd. and company may be abbreviated as Co.

2. The name of the state or country under whose laws it is organized is _____

3. The period of its duration _____

4. The address of its principal office (this is the address of the executive offices of the corporation).

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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5. The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
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6. Please check one:

The company is member managed.

The company is manager managed.

If this company is manager managed, please state the name and address of each manager.

Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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Manager	Street Address	City	State	ZIP+4
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7. Whether one or more of the members of the company are to be liable for its debts and obligations under a provision similar to SDCL 47-34A-303 (c)

The application must be signed by a Manager so stated in question number 6 or a Member if the company is member managed.

Dated _____

(Signature of an authorized member or manager)

(Printed Name)

(Title)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.