

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

**APPLICATION FOR
CERTIFICATE OF AUTHORITY
FOREIGN LIMITED LIABILITY COMPANY**
SDCL 47-34A-1002

FILING FEE: \$765

Make check payable to SECRETARY OF STATE

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 other jurisdiction under whose law it is organized.

1. The name of the company:

2. If the name indicated above does not 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.), then what is the alternative name adopted:

3. The name of the state or other jurisdiction under whose laws it is organized: _____

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

Street Address City State ZIP+4

Mailing Address if different from street address City State ZIP+4

Email Address (Optional)

5. If the jurisdiction under which the company is formed requires the company to maintain an office in that jurisdiction then provide for that office:

Street Address City State ZIP+4

Mailing Address if different from street address City State ZIP+4

6. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent to be either: **A)** noncommercial registered agent (this may be an individual) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(a) The South Dakota Noncommercial Registered Agent's name _____

Actual Street Address in this State City State ZIP+4

Mailing Address in this State, if Different from Street Address City State ZIP+4

Email Address (Optional)

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name

CRA#

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Title