

## **Arkansas Secretary of State**

**Cole Jester** 

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

## **Protected Series Designation**

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Protected Series under the Uniform Protected Series Act, Act 665 of 2019, adopts the following Protected Series Designation:

1.	The Name of the Protected Series is :		
2.	Name of Affiliated Series Limited Liability Company:		
3.	Address of principal place of business of the Protected Series shall be:		
4.	. The name and address of the registered agent of this Protected Series shall be:		
5.	5. The management of this Protected Series is vested in members or managers. If you have a statement to the effect, you may include the statement in the space provided or by attachment:		
6.	The name and title of at least one officer: (attach additional page, if needed)  Name  Title (Member or Manager)		
Cla	nderstand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a ass C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days. I have consulted h a private Attorney and/or CPA regarding this Protected Series Designation.		
Ex	ecuted this day of,		
	(Signature of person(s) forming the Protected Series) (Typed or printed name)		
	(Signature of person(s) forming the Protected Series) (Typed or printed name)		
	(Signature of person(s) forming the Protected Series) (Typed or printed name)		



## **Arkansas Secretary of State**

**Cole Jester** 

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201 501-682-3409 • www.sos.arkansas.gov

## **Protected Series Franchise Tax Contact Sheet**

Please Type or Print

In order for this Protected Series to receive its annual franchise tax reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Protected Series name as used in Arkansas	Contact person
Street address or Post Office Box number	City, State, ZIP
Telephone number	E-mail address
I affirm that franchise taxes are due by May 1st of the	year following formation of this entity.
Signature	Title