



Arkansas Secretary of State

Cole Jester

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

Certificate of Organization for a Series Limited Liability Company

(PLEASE TYPE OR PRINT CLEARLY IN INK)

The undersigned authorized manager or member or person forming this Series Limited Liability Company under the Uniform Protected Series Act, Act 665 of 2019, and the Uniform Limited Liability Company Act, Act 1041 of 2021, adopts the following Certificate of Organization of such Series Limited Liability Company:

1. The Name of the Series Limited Liability Company is : _____

2. Names of Affiliated Protected Series: _____

3. Address of principal place of business of the Series Limited Liability Company shall be:

4. The name and address of the registered agent of this company shall be: _____

5. The management of this company is vested in _____ members or _____ managers. If you have an additional statement to that 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)
_____	_____

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days. I have consulted with a private Attorney and/or CPA regarding this Application for Certificate of Organization for a Series Limited Liability Company.

Executed this _____ day of _____, _____.

(Signature of person(s) forming the company)	(Typed or printed name)
(Signature of person(s) forming the company)	(Typed or printed name)
(Signature of person(s) forming the company)	(Typed or printed name)



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Series Limited Liability Company Franchise Tax

Please Type or Print

In order for this series limited liability company 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.

Series LLC 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