

# Limited Liability Company Instructions



Wyoming Secretary of State ♦ 200 West 24<sup>th</sup> St ♦ Cheyenne, WY 82002 ♦ 307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

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- One **originally signed** filing must be submitted.
- Include the filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The name must include the words “Limited Liability Company,” or its abbreviations “LLC,” “L.L.C.,” “Limited Company,” “LC,” “L.C.,” “Ltd. Liability Company,” “Ltd. Liability Co.,” or “Limited Liability Co.”
- The Articles of Organization form must be accompanied by an originally signed Consent to Appointment by Registered Agent form. If you have questions regarding registered agents please refer to Wyoming Statutes 17-28-101 through W.S. 17-28-111. The Wyoming Statutes can be accessed at <http://legisweb.state.wy.us/statutes/statutes.aspx?file=titles/Title17/T17CH28.htm>
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- Please review forms prior to submitting to the Secretary of State and ensure all areas have been completed to speed up the processing of your documents.*



You're Ready to Mail in Your Documents!

## Additional Information After Filing

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- ♦ Wyoming processes documents in 3-5 business days. Since there is such a timely turnaround Wyoming Statutes do not provide for expedited service. Please refer to W.S. 17-16-123 for effective time and date information.
- ♦ An annual report will be due every year on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date the entity will be subject to dissolution/revocation. For more information please refer to <http://soswy.state.wy.us/Forms/FormsFiling.aspx> where the annual report worksheet can be found under Business Forms.
- ♦ If you have questions about sales and use tax you can contact the Department of Revenue Ph. 307.777.5200 or refer to their web page: <https://revenue.state.wy.us/>
- ♦ If you believe you need a specific business license or permit you can contact the Wyoming Business Council Ph. 307.777.2843 or refer to their web page: <http://www.wyomingbusiness.org/program/business-permitting/2833>
- ♦ If you need information regarding how to obtain an Employer Identification Number (EIN) you can contact the Internal Revenue Service or refer to their web page: <http://www.irs.gov/businesses/small/article/0,,id=97860,00.html>



**Wyoming Secretary of State**  
 State Capitol Building, Room 110  
 200 West 24<sup>th</sup> Street  
 Cheyenne, WY 82002-0020  
 Ph. 307.777.7311  
 Fax 307.777.5339  
 Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

## Limited Liability Company Articles of Organization

1. Name of the limited liability company:

2. This entity elects to be a close limited liability company:

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

Name:

Address:

*(If mail is received at a Post Office Box, please include in the above address.)*

4. Mailing address of the limited liability company:

5. Principal office address:

**Signature:** \_\_\_\_\_  
*(Shall be executed by an organizer.)*

**Date:** \_\_\_\_\_  
*(mm/dd/yyyy)*

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)  
 \*May list multiple email addresses*



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## Consent to Appointment by Registered Agent

I, \_\_\_\_\_, registered office located at \_\_\_\_\_  
*(name of registered agent)*

voluntarily consent to serve

\* \_\_\_\_\_  
*(registered office physical address, city, state & zip)*

as the registered agent for \_\_\_\_\_  
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Print Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Agent Mailing Address  
 (if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)* *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.