



# STATE OF MONTANA

APPLICATION for CERTIFICATE of AUTHORITY  
of FOREIGN LIMITED LIABILITY COMPANY [35-8-1003, MCA](#)

**MAIL:** Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
**PHONE:** (406) 444-3665  
**FAX:** (406) 444-3976  
**WEB SITE:** [sos.mt.gov](http://sos.mt.gov)

Prepare, sign, and submit with an original signature and filing fee.

**This is the minimum information required.**

(This space for Secretary of State use only)

**Required Filing Fee: \$70.00**

- 24 Hour Priority Handling check box and **Add \$20.00**
- 1 Hour Expedite Handling check box and **Add \$100.00**

**Make checks payable to Secretary of State.**

**If the document is hand written, please print legibly or the application may be denied.**

**Check One Box:**

- Foreign Limited Liability Company
- Foreign Professional Limited Liability Company

1. The name of the Limited Liability Company:

\_\_\_\_\_ (Must contain "limited liability company," "limited company" or if Professional, "professional limited liability company," or an abbreviation.)

2. State, tribe, or country of organization: \_\_\_\_\_

3. The date of its organization: \_\_\_\_\_ and the period of duration: \_\_\_\_\_  
(Month/Day/Year)

4. The name of the entity's Commercial Registered Agent for service of process in Montana:  
(A list of Commercial Registered Agents is available at: <http://sos.mt.gov/Business/Agents/index.asp>.)

Name: \_\_\_\_\_

Or, the name and address of the entity's Noncommercial Registered Agent for service of process in Montana:

Name: \_\_\_\_\_

Actual Street Address or Rural Route Box Number in Montana: **(Must be an actual geographic location.)**

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**And**, a mailing address in Montana, if different:

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Appointment of a Registered Agent is affirmation of the Registered Agent's consent to serve as Registered Agent.**

5. The business mailing address of the principal office: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. The LLC is managed by (**check one**): Manager(s) Members.

7. Names and business mailing addresses of current **managing** Managers or **managing** Members are (attach a list if necessary):

\_\_\_\_\_  
Name Business Mailing Address

\_\_\_\_\_  
Name Business Mailing Address

\_\_\_\_\_  
Name Business Mailing Address

8. If a Professional Limited Liability Company, the services to be rendered: \_\_\_\_\_  
\_\_\_\_\_

9. **I, HEREBY SWEAR AND/OR AFFIRM**, under penalty of law, including criminal prosecution, that the facts contained in this document are true and that this entity has complied with the organizational laws in the jurisdiction in which it is organized and that it exists in that jurisdiction.

\_\_\_\_\_  
Signature of Managing Member/Managing Manager Date

\_\_\_\_\_  
Printed Name Title

10. Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_