

STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee. This is the minimum information required.

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



(This space for use by the Secretary of State only)

MAIL: LINDA McCULLOCH Secretary of State P.O. Box 202801 Helena, MT 59620-2801
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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

Please Check One Box: [ ] Foreign Limited Liability Company [ ] Foreign Professional Limited Liability Company

1. The name of the limited liability company is:

Please Note: Must contain the words "limited liability company", "limited co." "or an abbreviation. If professional, must contain the words "professional limited liability company", or an abbreviation.

2. It is organized under the laws of the state of: \_\_\_\_\_ and hereby attaches a currently dated Certificate of Existence from that state.

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

4. The name and address of the registered office/agent in Montana: Appointment of the Registered Agent is confirmation of the agent's consent.

5. Name: \_\_\_\_\_

Street Address (required): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Signature of Registered Agent: \_\_\_\_\_

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

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

7. The LLC is managed by (check one) a [ ] Manager or by its [ ] Members.

8. Name and business address of current managing Managers or managing Members are (attach a list if necessary):

\_\_\_\_\_  
\_\_\_\_\_

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

10. I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.

Applicant Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Daytime Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **HELP SHEET: Application for Certificate of Authority for Foreign Limited Liability Company**

Use this form to file for Certificate of Authority for a foreign Limited Liability Company.

"A foreign limited liability company is liable for a civil penalty of \$5.00 for each day, not to exceed a total of \$1,000 for each year, that it transacts business in this state without a certificate of authority." In addition, such a company will not be allowed to maintain a proceeding in any court until a certificate of authority is filed with the secretary of state. ([35-8-1002, MCA](#))

### **ITEM 1**

The business name of a limited liability company must contain the words or an abbreviation of "limited liability company", "limited company", or if professional, "professional limited liability company". (35-8-103, MCA)

If a foreign limited liability company's real name is unavailable for use in Montana, an Assumed Business Name must be used. ([35-8-1009, MCA](#))

### **ITEM 2**

The limited liability company will submit with the application a currently issued Certificate of Existence/Good Standing. ([35-8-1003, MCA](#))

### **ITEM 8**

A professional limited liability company may be formed for the purpose of rendering professional services with limited liability status. ([35-8-1301, MCA](#))

For a professional limited liability company, at least half of the managers must be qualified persons with respect to the limited liability company. ([35-8-1302, MCA](#))

**When submitting your documents please provide a daytime contact name, phone number and/or email address.**

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

## Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

**DO NOT STAPLE PAYMENT TO FILING FORM**