

APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY COMPANY

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
www.sos.nebraska.gov

An original certificate of existence from the appropriate authority in the jurisdiction or state under whose laws the limited liability company was organized must be filed with this document. NOTE: A certified copy of the company's certificate of organization may not be filed in lieu of a certificate of existence.

Name of Limited Liability Company _____

Alternate Name _____
(complete only if actual name is unavailable for use or does not comply with Nebraska law)

Name and address of registered agent in Nebraska:

Registered Agent Name: _____

Registered Agent Address:

Street and Mailing Address City NE Zip

Address of Principal Office:

Street and Mailing Address City State Zip

If required by state or jurisdiction of organization, office maintained in that jurisdiction:

Street and Mailing Address City State Zip

Organized under the laws of the State or Jurisdiction of _____

Nature of the Business, purposes to be conducted or promoted in this state or professional services being rendered:

Effective date if other than the date filed _____.

Date _____

Signature of Authorized Representative

Printed Name of Authorized Representative