

**APPLICATION FOR CERTIFICATE OF AUTHORITY
FOREIGN PROTECTED SERIES**

Robert B. Evnen, Secretary of State
P.O. Box 94608
Lincoln, NE 68509
402-471-4079
www.sos.nebraska.gov

A certificate of existence or equivalent for the foreign protected series issued in its jurisdiction of formation must be filed with this document unless the jurisdiction of formation of the foreign series limited liability company does not provide for issuance of a certificate of existence or equivalent for a foreign protected series in which case the application must include a certificate of existence or equivalent for the foreign series limited liability company.

Name of Protected Series: _____

Name of Series 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	State	Zip
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Address of Principal Office:

Street and Mailing Address	City	State	Zip
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If required by state or jurisdiction of organization, office maintained in that jurisdiction:

Street and Mailing Address	City	State	Zip
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Organized under the laws of the State or Jurisdiction of: _____

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

Individual who knows the name, street and mailing address of each other foreign protected series of the foreign series limited liability company; and the foreign protected-series manager of and agent for service of process for each other foreign protected series of the foreign limited liability company:

Individual's Name: _____

Individual's Address: _____
Street and Mailing Address City State Zip

Effective date if other than the date filed: _____

Signature of Authorized Representative

Printed name of Authorized Representative