

**Application for Authority to do Business
pursuant to [31 MRSA §712.3](#)
to accompany Application for Transfer of Authority**

FIRST: The name of the limited liability company:*

SECOND: (Check box only if applicable)

This is a professional limited liability company** qualified pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

THIRD: If the real limited liability company name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine: (If not applicable, so indicate.)

Form MLLC-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability company** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §603-A](#).

FOURTH: (For a professional limited liability company only)

All of the professional limited liability company's members and managers, if any, are licensed in one or more states to render a professional service disclosed in its application.

FIFTH: Date of organization _____ Jurisdiction of organization _____

Address of the registered or principal office, wherever located:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

SIXTH: The date on which the foreign limited liability company first did, or intends to do, business in the State of Maine is

SEVENTH: The foreign limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its organization. Please provide the nature of the business or purposes to be conducted or promoted in the State of Maine:

EIGHTH: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

NINTH: Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

TENTH: The name and business, residence or mailing address of each manager, if any, is

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

Names and addresses of additional managers are attached hereto as Exhibit _____, and made a part hereof.

ELEVENTH: This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited liability company records in the state or country under whose law the foreign limited liability company is organized. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

* The limited liability company name as used in the State of Maine must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC" ([31 MRSA §603-A](#)). If the addition of these words is the **only** difference from the limited liability company's real name in its jurisdiction of organization, no further action is required.

** The professional limited liability company name as used in the State of Maine satisfies the requirements of [13 MRSA §736](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: **Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101**
Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

