

Filing Fee \$20.00 per month. Renewal Fee \$200.00.

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**APPLICATION FOR
REGISTRATION OF NAME**

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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(Name of Foreign Limited Liability Company)

Pursuant to 31 MRSA §606-A, the undersigned foreign limited liability company executes and delivers the following Application for Registration of Name:

FIRST: ("X" one box only.) This application is for a new **OR** renewal of a registration of limited liability company name. A new application expires at the end of the calendar year in which the application is filed. A renewal application can be filed between October 1st and December 31st. The renewal application, when filed, renews the registration of limited liability company name for the following calendar year.

SECOND: The state or country under the laws of which it is organized is _____
and the address of its principal office is located at:

(street, city, state and zip code)

THIRD: The date of its organization is _____

FOURTH: A brief statement of the nature of the limited liability company's business:

FIFTH: 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.

DATED _____

*By _____
(signature of a manager or member)

(type or print name and capacity)

The filing of this application does not authorize a limited liability company to do business in Maine.

*Certificate **MUST** be signed by

(1) at least one **manager OR**

(2) if there is no manager, by a **member**, except as otherwise provided ([§721.1](#)).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

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

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**