



State of Missouri

Jason Kander, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Attachment for Series of a Foreign Limited Liability Company

1. The name of the series of the foreign limited liability company is: _____
2. The name under which the series of the foreign limited liability company will conduct business in Missouri is (must contain “series limited company, “series limited liability company”, “series LC”, “series LLC”, “series L.C.”, or “series L.L.C.”) (must be filled out if different from line (1)):
3. The series of the foreign limited liability company was formed under the laws of _____ on the date of _____.
(state or jurisdiction)
(month/day/year)
4. The purpose of the series foreign limited liability company or the general character of the business it proposes to transact in this state is:
5. The name and address of the series of the limited liability company’s registered agent in Missouri is (this line must be completed and include a street address):

Name	Address (PO Box may <u>only</u> be used in conjunction with a physical street address)	City/State/Zip
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*The Secretary of State is appointed agent for service of process if the foreign limited liability company fails to maintain a registered agent. **Note:** failure to maintain a registered agent constitutes grounds to cancel the registration of the foreign limited liability company.*

6. The address of the registered office in the jurisdiction organized. If none required, then the principal office address of the series of the foreign limited liability company is:
- | | |
|---|-----------------------|
| <i>Address (PO Box may <u>only</u> be used in conjunction with a physical street address)</i> | <i>City/State/Zip</i> |
|---|-----------------------|
7. If different than the foreign limited liability company, list the names of the managers of a manager-managed series or the members of a member-managed series:

(Please see next page)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

In Affirmation thereof, the facts stated above are true and correct.

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Authorized Signature

Printed Name

Date

Authorized Signature

Printed Name

Date

Authorized Signature

Printed Name

Date