



COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE

Division of Corporations
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Registration or Renewal
(Foreign Limited Liability Company)

LRG

Pursuant to the provisions of KRS Chapter 275, the undersigned applies for registration or renewal and, for that purpose, submits the following statements:

1. The activity request is:

- Registration
Renewal

2. The name of the limited liability company is

3. The state or country of organization is

4. The date of organization is

5. The mailing address of the limited liability company is

Street Address or Post Office Box Numbers City State Zip Code

6. The nature of the business of the limited liability company is
(Please print brief description)

We/I certify that, as of the date of filing this application, the above named foreign limited liability company validly exists as a limited liability company under the laws of the jurisdiction of its formation.

We/I declare under penalty of perjury under the laws of Kentucky that the forgoing is true and correct.

Member, Manger or Authorized Party Printed Name Title Date

**FILING INSTRUCTIONS**  
**REGISTRATION OR RENEWAL OF LIMITED LIABILITY COMPANY NAME**

**REGISTRATION OR RENEWAL**

If the limited liability company is applying for renewal of registration of company name, check appropriate block. Please note: A registered name is effective when filed with the Secretary of State and expires on December 31<sup>st</sup> of the same year. A registered name may be renewed for successive years between October 1<sup>st</sup> and December 31<sup>st</sup> of the preceding year. When the renewal is effective, it renews the company name registration for the following calendar year.

**NAME**

Use the exact name of the business entity as registered on file with the Office of the Secretary of State.

**DATE OF ORGANIZATION**

The date of organization is the date the limited liability company was organized in the state or country of its organization.

**NATURE OF BUSINESS**

The limited liability company must give a brief description of the nature of the business in which it is engaged.

**WHO MAY SIGN**

If management of the limited liability company is vested in one or more managers, a manager must sign the application. If management is reserved to the members, a member must sign. Type or print name, title and the street address of the applicant.

**NUMBER OF COPIES**

When filing online with the FastTrack system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

**FILING FEE**

The filing fee for this document is \$36.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Trey Grayson  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.