

**FOREIGN
LIMITED LIABILITY COMPANY**

Filing Fee \$250.00

STATE OF MAINE

**APPLICATION FOR AUTHORITY
TO DO BUSINESS**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §712.3](#), the undersigned limited liability company executes and delivers the following Application for Authority to do Business:

FIRST: The proposed limited liability company name* to be used in this State:

(The name must contain one of the following: "Limited Liability Company", "LLC" or "L.L.C.", see [31 MRSA §603.A.1](#))

SECOND: 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 is: (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](#).

THIRD: 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)

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

FIFTH: 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)

SIXTH: 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.

SEVENTH: 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.

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

_____.

NINTH: Check only if applicable

This is a professional limited liability company qualified pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services: (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services)

(type of professional services)

TENTH: (For professional limited liability companies only)

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

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.

Dated _____

(Authorized Signature**)

(Type or print name and capacity)

For Authorized Signature(s) on behalf of Entities**

Name of Entity _____

By _____

(Authorized signature)

(Type or print name and capacity)

*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.

Application **MUST be signed by at least one **authorized person** (31 MRSA §712.2).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

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