



**Wyoming Secretary of State**  
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For Office Use Only

## Limited Liability Company Articles of Organization

1. Name of the limited liability company:

2. This entity elects to be a close limited liability company:

3. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

Name:

Address:

*(If mail is received at a Post Office Box, please include in the above address.)*

4. Mailing address of the limited liability company:

5. Principal office address:

**Signature:** \_\_\_\_\_

*(Shall be executed by an organizer.)*

**Date:**

*(mm/dd/yyyy)*

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*



### Consent to Appointment by Registered Agent

I, , registered office located at  
*(name of registered agent)*

voluntarily consent to serve

**\*** *(registered office physical address, city, state & zip)*

as the registered agent for   
*(name of business entity)*

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

**Date:**   
*(mm/dd/yyyy)*

Print Name:  Daytime Phone:

Title:  Email:

Registered Agent Mailing Address  
(if different than above):

**\*If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

**Signature:** \_\_\_\_\_  
*(Shall be executed by the registered agent.)*

**Date:**   
*(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.

These are sample documents for the State of Wyoming. Actual content differs by state and may vary based on your answers to the LegalZoom questionnaire.

Your answers to the LegalZoom questionnaire have not been applied to these sample documents so they are not fit for use.