

# APPLICATION FOR CERTIFICATE OF AUTHORITY FOREIGN PROTECTED SERIES

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
*www.sos.nebraska.gov*

A certificate of existence or equivalent for the foreign protected series issued in its jurisdiction of formation must be filed with this document unless the jurisdiction of formation of the foreign series limited liability company does not provide for issuance of a certificate of existence or equivalent for a foreign protected series in which case the application must include a certificate of existence or equivalent for the foreign series limited liability company.

Name of Protected Series: \_\_\_\_\_

Name of Series Limited Liability Company: \_\_\_\_\_

Alternate Name: \_\_\_\_\_  
(complete only if actual name is unavailable for use or does not comply with Nebraska law)

Name and address of registered agent in Nebraska:

Registered Agent Name: \_\_\_\_\_

Registered Agent Address:

Street and Mailing Address	City	NE	Zip
----------------------------	------	----	-----

Address of Principal Office:

Street and Mailing Address	City	State	Zip
----------------------------	------	-------	-----

If required by state or jurisdiction of organization, office maintained in that jurisdiction:

Street and Mailing Address	City	State	Zip
----------------------------	------	-------	-----

Organized under the laws of the State or Jurisdiction of: \_\_\_\_\_

Nature of Business, purposes to be conducted or promoted in this state or professional services being rendered:

\_\_\_\_\_  
\_\_\_\_\_

Individual who knows the name, street and mailing address of each other foreign protected series of the foreign series limited liability company; and the foreign protected-series manager of and agent for service of process for each other foreign protected series of the foreign limited liability company:

Individual's Name: \_\_\_\_\_

Individual's Address: \_\_\_\_\_  

Street and Mailing Address	City	State	Zip
----------------------------	------	-------	-----

Effective date if other than the date filed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed name of Authorized Representative

FILING FEE: \$110.00

Revised 07/01/2021

Neb. Rev. Stat. §21-537