Office of the Minnesota Secretary of State

Foreign Limited Liability Company | Certificate of Authority to Transact Business in Minnesota

Minnesota Statutes, Chapter 322B

Read the instructions before completing this form.

Filing Fee: $205 for expedited service in-person and online filings, $185 if submitted by mail

This Certificate of Authority has been approved pursuant to *Minnesota Statutes,* Chapter 322B. By filing this Certificate of Authority, the company certifies that it has complied with the organization laws in the jurisdiction of its organization.

1. The legal name of this company in the Home Jurisdiction: (Required)

2. The alternate name under which the company will do business in Minnesota, if different than the legal name listed above:

3. Home Jurisdiction: (Required)

4. List the Expiration date of company: (Required)

Perpetual or Month/Day/Year

5. The name and address of the registered agent and registered office in the State of Minnesota: (Required)

Full Name of Registered Agent

Street Address *(A PO Box by itself is not acceptable)*	City	State	Zip Code
		MN	

6. Home address of the office in the jurisdiction where LLC is organized.

Street Address *(A PO Box by itself is not acceptable)*	City	State	Zip Code

7. Principal Place of Business Address: (Required ONLY if there is no home address in the home jurisdiction)

Street Address *(A PO Box by itself is not acceptable)*	City	State	Zip Code

8. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Authorized Person or Authorized Agent

Date

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Email Address for Official Notices

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name

Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Print Reset

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the legal name of the company in the state or country of formation. If that name is not available in Minnesota or that name does not meet the legal requirements of Minnesota law, you must provide an alternate name to be used in Minnesota. A preliminary name availability check may be done by accessing our website at www.sos.state.mn.us.
2. List the alternate name that will be used in Minnesota, if any. Limited Liability Companies must include the words or abbreviations Limited Liability Company, LLC, Professional Limited Liability Company or PLC and **cannot** contain the words "corporation" or "incorporated" or their abbreviations.
3. List the state or jurisdiction in which this organization is organized.
4. List the exact date on which the company expires or list perpetual.
5. List the name of the registered agent and the registerd office in Minnesota. The company is required to have an agent. The agent may be an individual or a corporation validly registered in Minnesota. The agent must be located at the registered office address and the complete street or rural route address in Minnesota must be listed. Service of process from this office will be sent to the registered agent.
6. List the full street address of the office address in the jurisdiction of formation.
7. If an office address is not required in the home jurisdiction, then a complete address of the Principal Place of Business is required.
8. A signature of a person authorized by the LLC to sign documents or an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) is required.

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

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Payable to the MN Secretary of State

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.