

**SERIES LIMITED-LIABILITY COMPANY**

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

\*\*\*THIS CERTIFICATE EXPIRES: \_\_\_\_\_\*\*\*  
(OFFICE USE ONLY)

Renewal       New Filing

THE UNDERSIGNED do(es) hereby certify that \_\_\_\_\_ IT IS \_\_\_\_\_ conducting a

\_\_\_\_\_  
(Type of Business)

at \_\_\_\_\_  
(Physical Street Address, City, State, ZIP Code)

Mailing Address: \_\_\_\_\_  
(if different from physical address)

under the fictitious firm name of:

\_\_\_\_\_ and that said business is comprised of the following series limited-liability company:

Name of Series LLC: \_\_\_\_\_, a Nevada Series LLC

Street Address: \_\_\_\_\_  
(Physical Street address, City, State, ZIP Code)

LLC Authorizing  
Creation of Series: \_\_\_\_\_, a Nevada Series LLC

Authorizing LLC  
Street Address: \_\_\_\_\_  
(Physical Street address, City, State, ZIP Code)

Mailing Address: \_\_\_\_\_  
(if different from physical address)

WITNESS my hand this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

*The undersigned hereby swears under penalty of perjury that he/she is a manager, member, agent, officer, employee or other representative of the above-named Series LLC and has authority to sign on behalf of and to bind the above-named legal entity to a contract as authorized in its Operating Agreement or other writing.*

\_\_\_\_\_  
(Printed Name of Signing Officer)

\_\_\_\_\_  
(Name of Series LLC)

\_\_\_\_\_  
(Title of Signing Officer)

By: \_\_\_\_\_  
(Signature of Officer)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ personally appeared before me

\_\_\_\_\_  
(Name of individual(s) whose signature is/are being notarized)

who acknowledged that he/she/they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Washoe the day and year in this certificate first above written.

For office use only

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN ORIGINAL AND 3 COPIES, A SELF-ADDRESSED STAMPED ENVELOPE AND \$25.00 FILING FEE TO:  
WASHOE COUNTY CLERK  
1001 E. Ninth Street, Bldg. A  
RENO, NV 89512

By \_\_\_\_\_  
Notary Public

**SERIES LIMITED-LIABILITY COMPANY**

CERTIFICATE OF BUSINESS: FICTITIOUS FIRM NAME

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(OFFICE USE ONLY)

Renewal       New Filing

THE UNDERSIGNED do(es) hereby certify that \_\_\_\_\_ IT IS \_\_\_\_\_ conducting a

**BRIEF DESCRIPTION OF THE TYPE OF BUSINESS**

(Type of Business)

at NO MAIL BOXES OR MAIL DROPS \_\_\_\_\_  
(Physical Street Address, City) (State) (Zip Code)

Mailing Address (if different): \_\_\_\_\_

under the fictitious firm name of:

**NAME OF BUSINESS**

and that said business is comprised of the following series limited-liability company:

Name of Series LLC: NAME OF SERIES LLC, a Nevada Series LLC

Street Address: \_\_\_\_\_  
(Physical Street address, City, State, ZIP Code)

LLC Authorizing  
Creation of Series: NAME OF AUTHORIZING LLC, a Nevada Series LLC

Authorizing LLC  
Street Address: \_\_\_\_\_  
(Physical Street address, City, State, ZIP Code)

Mailing Address (if different): \_\_\_\_\_

WITNESS my hand \_\_\_\_\_, 20 \_\_\_\_.

*The undersigned hereby swears that he/she/it is a manager, member, agent, officer, employee or other representative of the above-named Series LLC and that he/she/it signs on behalf of and to bind the above-named legal entity to a contract as authorized in its Operating Agreement or other writing.*

NAME OF SIGNING OFFICER \_\_\_\_\_ NAME OF SERIES LLC \_\_\_\_\_  
(Printed Name of Signing Officer) (Name of Series LLC)

SIGNING OFFICERS TITLE \_\_\_\_\_ By: \_\_\_\_\_  
(Title of Signing Officer) (Signature of Officer)

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

**NOTARY MUST COMPLETE LOWER PORTION OF THIS FORM**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ personally appeared before me

\_\_\_\_\_  
(Name of individual(s) whose signature is/are being notarized)

who acknowledged that he/she/they executed the above instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official stamp at my office in the County of Washoe the day and year in this certificate first above written.

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RENO, NV 89512

By \_\_\_\_\_  
Notary Public

**AND \$25.00 FILING FEE \*\*\***

PURSUANT TO NRS 602.010 EVERY PERSON (OR ENTITY) DOING BUSINESS IN THIS STATE UNDER AN ASSUMED OR FICTITIOUS NAME THAT IS IN ANY WAY DIFFERENT FROM THE LEGAL NAME OF EACH PERSON (OR ENTITY) WHO OWNS AN INTEREST IN THE BUSINESS MUST FILE WITH THE COUNTY CLERK OF EACH COUNTY IN WHICH THE BUSINESS IS BEING CONDUCTED A CERTIFICATE CONTAINING THE INFORMATION REQUIRED BY NRS 602.020.

*The purpose of the fictitious name statute is to prevent fraud and to inform the public of the true identity of those with whom the public conducts business.*

TO COMPLETE THE OWNER SECTION, IF AN OWNER IS:

A SERIES LLC: STATE THE NAME OF THE SERIES LLC. INCLUDE THE PHYSICAL AND MAILING (IF DIFFERENT) ADDRESS OF THE SERIES LLC.

STATE THE NAME OF THE AUTHORIZING LLC (PARENT COMPANY). INCLUDE THE PHYSICAL AND MAILING (IF DIFFERENT) ADDRESS OF THE AUTHORIZING LLC.

STATE THE NAME OF THE SIGNING OFFICER OF THE SERIES LLC, ALONG WITH HIS/HER TITLE FOR THE SERIES LLC.

THE SIGNER SWEARS UNDER PENALTY OF PERJURY THAT HE/SHE IS A MANAGER, MEMBER, AGENT, OFFICER, EMPLOYEE OR OTHER REPRESENTATIVE OF THE NAMED SERIES LLC AND HAS AUTHORITY TO SIGN ON BEHALF OF AND TO BIND THE SERIES LLC TO A CONTRACT AS AUTHORIZED IN ITS OPERATING AGREEMENT OR OTHER WRITING.

**ALL SIGNATURES MUST BE NOTARIZED**

IF SUBMITTING A NOTARIZED DOCUMENT, PLEASE PROVIDE AN **ORIGINAL AND 3 COPIES**, A **SELF-ADDRESSED STAMPED ENVELOPE** AND **\$25.00 FILING FEE TO:**

WASHOE COUNTY CLERK  
1001 E. Ninth Street, Bldg. A  
RENO, NV 89512

QUESTIONS? CALL (775) 784-7287