

**INITIAL LIST OF MANAGERS OR MANAGING MEMBERS AND REGISTERED AGENT AND STATE BUSINESS LICENSE APPLICATION OF:**

FILE NUMBER

[Empty box for name] [Empty box for file number]

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF [Empty box] TO [Empty box]

**\*\*YOU MAY FILE THIS FORM ONLINE AT [www.nvsos.gov](http://www.nvsos.gov)\*\***

The entity's duly appointed registered agent in the State of Nevada upon whom process can be served is:

[Large empty box for registered agent information]

A FORM TO CHANGE REGISTERED AGENT INFORMATION IS FOUND AT: [www.nvsos.gov](http://www.nvsos.gov)

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

**ABOVE SPACE IS FOR OFFICE USE ONLY**

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A **Manager, or if none, a Managing Member** of the LLC must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managers or managing members, attach a list of them to this form.
3. Return completed form with the filing fee of \$125.00. A \$75.00 penalty must be added for failure to file this form by the last day of the first month following organization date.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the first month following the initial registration date. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include initial list and business license fees will result in rejection of filing.

INITIAL LIST FILING FEE: \$125.00    LATE PENALTY: \$75.00    BUSINESS LICENSE FEE: \$200.00    LATE PENALTY: \$100.00

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

NRS 76.020 Exemption Codes

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: [Empty box]

- 001 - Governmental Entity
- 005 - Motion Picture Company
- 006 - NRS 680B.020 Insurance Co.

**NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**

NAME [Empty box] **(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)**

MANAGER     MANAGING MEMBER

ADDRESS [Empty box]    CITY [Empty box]    STATE [Empty box]    ZIP CODE [Empty box]

NAME [Empty box] **(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)**

MANAGER     MANAGING MEMBER

ADDRESS [Empty box]    CITY [Empty box]    STATE [Empty box]    ZIP CODE [Empty box]

NAME [Empty box] **(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)**

MANAGER     MANAGING MEMBER

ADDRESS [Empty box]    CITY [Empty box]    STATE [Empty box]    ZIP CODE [Empty box]

NAME [Empty box] **(DOCUMENT WILL BE REJECTED IF TITLE NOT INDICATED)**

MANAGER     MANAGING MEMBER

ADDRESS [Empty box]    CITY [Empty box]    STATE [Empty box]    ZIP CODE [Empty box]

I declare, to the best of my knowledge under penalty of perjury, that the above mentioned entity has complied with the provisions of NRS Chapter 76 and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**  
\_\_\_\_\_  
**Signature of Manager or Managing Member**

Title [Empty box]    Date [Empty box]



ROSS MILLER  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

## Instructions for Initial List, Registered Agent and State Business License Application

**ATTENTION:** You may now file your initial or annual list online at [www.nvsos.gov](http://www.nvsos.gov)

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

**ATTENTION** Entities that are required to file an initial or annual list of officers with the Secretary of State are now required to file for the State Business License at the time their list is due as part of the annual list filing, unless specifically exempt. The State Business License fee is \$200.00. A penalty of \$100.00 is required for late business license renewals.

TYPE or PRINT the following information on the Initial List and Registered Agent Form:

1. The **NAME** and **FILE NUMBER** of the entity **EXACTLY** as it is registered with this office.
2. The **FILING PERIOD** is the month and year of filing **TO** the month and year 12 months from that date. Example: if the entity date was 1/12/99 the filing period would be 1/1999 to 1/2000.
3. The name and address of the **REGISTERED AGENT** and **OTHER** names and addresses as required on The list should be entered in the boxes provided on the form. Limited-Liability Companies **MUST** Indicate whether **MANAGER** or **MANAGING MEMBER** is being listed.
4. If qualified for a statutory exemption from the State Business License, enter the applicable code in the area provided. If claiming exemption, a Declaration of Eligibility for State Business License Exemption must accompany initial list.
5. The **SIGNATURE**, including his/her title and date signed **MUST** be included in the areas provided at the bottom of the form.
6. Completed **FORM, FEES and applicable PENALTIES** must be returned to the Secretary of State. Pursuant to NRS 225.085, all Initial and Annual Lists must be in the care, custody and control of the Secretary of State by the close of the business on the due date. Lists received after the due date will be returned unfiled, and will require any associated fees and penalties as a result of being late. Trackable delivery methods such as Express Mail, Federal Express, UPS Overnight may be acceptable if the package was guaranteed to be delivered on or before the due date yet failed to be timely delivered.

**FILING FEES:** The filing fee for an initial list is \$125.00, in addition to the State Business License fee. Nonprofit corporations and corporations sole are not required to maintain a State Business License or pay the additional fee. Nonprofit corporation initial lists are \$25.00.

**ADDITIONAL FORMS** may be obtained on our website at [www.nvsos.gov](http://www.nvsos.gov) or by calling 775-684-5708.

**FILE STAMPED COPIES:** To receive one file stamped copy, please mark the appropriate check box on the list. Additional copies require \$2.00 per page and appropriate order instructions.

**CERTIFIED COPIES:** To order a certified copy, enclose an additional \$30.00 and appropriate instructions. A copy fee of \$2.00 per page is required for each copy generated when ordering 2 or more certified copies.

**EXPEDITE FEE:** Filing may be expedited for an additional \$125.00 fee FOR 24-HOUR SERVICE, \$500.00 FOR 2-hour service and \$1000.00 for 1-hour service.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

**MAIN OFFICE:**  
*Regular and Expedited Filings*

Secretary of State  
 Status Division  
 202 North Carson Street  
 Carson City NV 89701-4201  
 Phone: 775-684-5708  
 Fax: 775-684-7123

**SATELLITE OFFICE:**  
*Expedited Filings Only*

Secretary of State – Las Vegas  
 Commercial Recordings Division  
 555 East Washington Ave, Suite 5200  
 Las Vegas NV 89101  
 Phone: 702-486-2880  
 Fax: 702-486-2888



~ Introducing ~



ROSS MILLER  
Secretary of State

~ SilverFlume, Nevada's online one-stop business portal, is now available for your filing purposes. When filing your documents online, you will be redirected to [www.nvsilverflume.gov](http://www.nvsilverflume.gov) where you will be guided through our streamlined and enhanced online services.

~ SilverFlume currently offers multiple business-related transactions including:

- New business registration
- Filing domestic articles of incorporation and articles of organization
- Filing initial, annual and amended lists
- Obtaining and renewing state business license
- Apply for sales & use tax permits, satisfy bonding requirement and receive eClearance letter
- Complete D-25 Workers' Compensation eAffirmation of Compliance
- Access to Secretary of State's Office and Department of Taxation information and functions

~ SilverFlume provides data for all business-related needs in one website. Additional city, county and state government transactions will be added in later phases.

## GO PAPERLESS...

Save resources and don't miss important email notifications!

*(Online list filing also available!)*

**Sign up to receive annual notifications or pre-printed annual lists via email:**

IF YOU ARE A COMMERCIAL REGISTERED AGENT OR RECEIVE NOTIFICATIONS ELECTRONICALLY, PLEASE DISREGARD THIS NOTICE.

1. Go to [www.nvsos.gov](http://www.nvsos.gov).
2. Go to Business Center and click on Resources link.
3. Select Non-Commercial Registered Agent Electronic Notification Form or Represented Entity Electronic Notification Form for *notification only* (no pre-printed list).
4. If you represent multiple entities, click on Registered Agent link to view the cost-saving benefit of becoming a Commercial Registered Agent and how to receive *pre-printed annual lists* via email.

## Important Notice

### Home-Based Business Exemption Clarified by Regulation Effective March 9, 2012

Based on approval of Regulation R080-11 by the Legislative Commission's Subcommittee to Review Regulations, entities such as corporations, LLCs, etc., formed pursuant to Title 7 of the Nevada Revised Statutes are ineligible for the State Business License home-based business exemption. This regulation clarifies that the home-based business exemption applies only to natural persons, i.e., sole proprietors or general partnerships who meet the requirements of the exemption.

Initial or annual lists claiming a home-based business exemption submitted after March 8, 2012 will be returned for correction and to apply for the State Business License. Filings must be returned by their original due date to avoid late penalties. Remember, entities in active or default status may file their annual list and State Business License application online at [www.nvsos.gov](http://www.nvsos.gov)

A copy of the approved regulations can be found under the "Announcements" section of the Secretary of State's website at [www.nvsos.gov](http://www.nvsos.gov)



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 Website: www.nvsos.gov

**ATTACH FORM ONLY IF CLAIMING A  
 STATE BUSINESS LICENSE EXEMPTION**

**Declaration of Eligibility for State  
 Business License Exemption**  
 (This form must be notarized)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

This form must accompany the List of Officers only if claiming exemption from the State Business License. Please provide the information requested only for the exemption for which you claim eligibility. Failure to provide the requested information or to notarize this document will result in a rejected filing, which could result in late fees.

Entity Name:  NV Business I.D. Number:

**001 - Governmental Entity**

This entity is an incorporated or unincorporated agency or instrumentality of the United States government or any state government; a corporation wholly owned by the United States government; or county, city, district, or other political subdivision of a state.

**002 - 501(c) Nonprofit Entity**

This entity is qualified as a 501(c) Nonprofit Entity pursuant to Title 26 U.S.C. Section 501(c). Please provide the Internal Revenue Service (IRS) issued **Federal Employer Identification Number (FEIN)**

**005 - Motion Picture Company**

Is the primary purpose of this entity to create or produce motion pictures, as defined in NRS 231.020?  Yes  No  
 If yes to above question, does the creation or production of motion pictures occur in Nevada?  Yes  No  
 If so, please provide Nevada Film Office registration number:

**006 - NRS 680B.020 Insurance Company**

Are the activities of this entity regulated through a license or certificate of authority granted by the Division of Insurance pursuant to NRS Title 57?  
 Yes  No

If yes, provide license or certificate of authority number

**I declare under penalty of perjury, as a representative authorized by statute to file on behalf of the above named entity, that the declarations indicated above are true and correct.**

**X** \_\_\_\_\_  
 Signature Title Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_  
 (Print name of Signer)

Notary Signature \_\_\_\_\_



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# Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**     Regular     24-Hour Expedite (additional fee included)

Name of Entity:     Date:

Return to:

Contact Name:     Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

Email to:      Fax to:

Hold for Pick Up     Mail to Address Above     FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order     Credit Card (attach ePayment checklist)     Trust Account:

Use balance remaining in job #



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# 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

**Processing Service Requested:**     2-Hour Expedite (additional **\$500.00** fee included)     1-Hour Expedite (additional **\$1000.00** fee included)

Name of Entity:     Date:

Return to:

Contact Name:     Phone:

**Return Delivery:**

Email to:      Fax to:

Hold for Pick Up     Mail to Address Above     FedEx: Acct #

Other: (explain below)

**Order Description:** (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

**Method of Payment:**

Check/Money Order     Credit Card (attach ePayment checklist)     Trust Account:

Use balance remaining in job #



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## 24-hour, 2-hour and 1-hour Expedite Service Guidelines

***IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.***

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**





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## ePayment Checklist (For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type:  Counter  Mail  Fax

Order Processing Requested: **(Expedite Processing Requires Additional Fees)**

Regular Processing  **24-HOUR** Expedite  **2-HOUR** Expedite  **1-HOUR** Expedite

**Payment by Card** (card holder name and billing address required below)

Card Type:  VISA  MasterCard  Discover  American Express

Customer Credit Card Number:

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V CODE\*

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\* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
 4-digit number found on the front right side of American Express card.

**NOTICE:** For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month  Year

**Amount to Charge Card:** USD \$

**Order Information** (required)

**Entity Name/Order Reference:**

**Card Holder Information:**

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

**Payment Authorization**

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

**X**  
 \_\_\_\_\_  
**Authorized Signature**

**Not to Exceed Amount:** USD \$