



State of Missouri
John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Attachment creating a Series of a Series Limited Liability Company

1. The name of the limited liability company is: _____

2. The name of the series of the limited liability company is:

(The name must include the name of the Series, contain the word "Series" and the entire name of the Limited Liability Company, and be distinguishable from any other names in the Series.)

3. The purposes(s) for which the series of the limited liability company is organized:

4. The name and address of the limited liability company's registered agent in Missouri is:

Name Street Address (may not use PO Box unless street address also provided) City/State/Zip

5. The management of the series of the limited liability company is vested in: [] managers [] members (check one)

6. If different than the limited liability company, list the names of the managers of a manager-managed series or the members of a member-managed series:

7. The events, if any, on which the series of the limited liability company is to dissolve or the number of years the series of the limited liability company is to continue, which may be any number or perpetual:

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

8. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):

(Please see next page)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

9. This series of the limited liability company has limited liability.

10. OPTIONAL: Provisions for the regulation of the internal affairs of the Company:

11. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise

indicated: _____
(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Authorized Signature *Printed Name* *Date*

Authorized Signature *Printed Name* *Date*

Authorized Signature *Printed Name* *Date*

***This document may be executed by the limited liability company or any manager, person, or entity designated in the operating agreement for the limited liability company.*