


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <hr/> <input type="checkbox"/> Return document by email to: _____	Certificate of Limited Liability Company Authority DSCB:15-8832 (2/2017)  8832
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Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8832 (relating to certificate of authority), the undersigned limited liability company, desiring to effect a certificate of authority (or amendment or cancellation thereto) hereby states that:

I. Required fields for Certificate, Amendment or Cancellation

1. The name of the limited liability company is: _____
2. The current registered office address as on file with the Department of State. *Complete part (a) OR (b) – not both:*
 - (a) _____

Number and street
City
State
Zip
County
 - (b) c/o: _____

Name of Commercial Registered Office Provider
County

II. Certificate of Company Authority Only

1. All persons holding the following position (e.g., Managing Member, Manager) _____ with respect to the company has the authority to do the following: *Check all that apply. For additional positions, attach additional pages as needed.*
 - Sign an instrument transferring real property held in the name of the company. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

 - Enter into other transactions on behalf of, or otherwise act for or bind, the company. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

2. The following named person (i.e., John Smith) _____ has the authority to do the following: *Check all that apply. For additional persons, attach additional pages as needed.*

Sign an instrument transferring real property held in the name of the company. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

Enter into other transactions on behalf of, or otherwise act for or bind, the company. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

III. Amendment to Certificate of Company Authority

If amending a Certificate of Authority previously filed in the Department of State, check the box below and complete the following:

The Certificate of Company Authority that became effective on _____ is amended.
Date (MM/DD/YYYY)

The contents of the amendment are stated below. *Additional pages may be attached as needed.*

IV. Cancellation of Certificate of Company Authority

If cancelling a Certificate of Authority previously filed in the Department of State, check the box below and complete the following.

The Certificate of Company Authority that became effective _____ is cancelled.
Date (MM/DD/YYYY)

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Company Authority to be signed by a person duly authorized by the company thereof this _____ day of _____, 20_____.

Name of Limited Liability Company

Signature

Title