

LIMITED LIABILITY COMPANY

STATE OF MAINE

RESTATED CERTIFICATE OF FORMATION (for a Maine LLC)

Signature lines for Deputy Secretary of State and attestation text: A True Copy When Attested By Signature

(Name of Limited Liability Company as it appears on the record of the Secretary of State)

Pursuant to 31 MRSA §1532, the undersigned limited liability company delivers the following restated certificate of formation:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate):

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see 31 MRSA 1508)

SECOND: The date of filing of the initial certificate of formation:

THIRD: Designation as a low profit LLC (Check only if applicable):

- Check box for low-profit LLC designation and list of requirements A, B, C, and D.

FOURTH: Designation as a professional limited liability company (Check only if applicable):

Check box for professional LLC designation and text: This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

(Type of professional services)

**FIFTH:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(name of commercial registered agent)

Noncommercial Registered Agent

\_\_\_\_\_  
(name of noncommercial registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SIXTH:** Pursuant to 5 MRSA §§105.2 or 108.3, the registered agent as listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH:** Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

**\*\*Authorized Person(s)**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

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**\*Examples** of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723](#))

**\*\*Pursuant to [31 MRSA §1676.1B](#), this statement **MUST** be signed by a person authorized by the limited liability company.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101**

Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

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(Name of contact person)

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(Daytime telephone number)

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(Contact email address for this filing)

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(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

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(Name of attested copy recipient)

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(Firm or Company)

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(Mailing Address)

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(City, State & Zip)

**NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.**

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

Department of the Secretary of State  
Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330