



NAVAJO NATION LIMITED LIABILITY COMPANY ACT

APPLICATION FOR REGISTRATION OF A
FOREIGN LOW-PROFIT LIMITED LIABILITY COMPANY

1. The name of the foreign low-profit limited liability company L3C is:

- 1.a. If the exact name of the foreign L3C is not available for use in the Navajo Nation, then the fictitious name adopted for use by the L3C in the Navajo Nation is:

2. The company is organized under the laws of the State of _____.
- 2a. the company is organized for a business purpose that satisfies and at all times operates to satisfy each of the requirements under Title 5 N.N.C. § 3620A.
3. The date of the company's formation is: _____
- 3a. Duration of the compact shall be ___/___/___ OR the duration of the company is perpetual.
4. The purpose of the L3C or the general character of business it proposes to transact in the Navajo Nation is:

5. The name, street address and mailing address of the initial agent for the foreign L3C within the Navajo Nation is:
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Street Address: _____

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, _____, having been designated to act as statutory agent,
(Print Name)
hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Navajo Nation Low Profit Limited Liability Company Act.

Signature: _____

If signing on behalf of a company, please print company name here.

6. Management Structure (select option A or B):

- A. Management of the L3C is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the L3C are:

Name: _____

Name: _____

member manager

member manager

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

Name: _____

Name: _____

member manager

member manager

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Street Address: _____

- B. Management of the L3C is reserved to the members. The names and addresses of each person who is a member are:

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip: _____

City, State, Zip: _____

Street Address: _____

7. The street and mailing address and phone number of its principal office:

Mailing Address: _____ Phone Number: _____

City, State, Zip: _____

Street Address: _____

8. The street and mailing address and phone number of the initial designated office in the Navajo Nation.

Mailing Address: _____ Phone Number: _____

City, State, Zip: _____

Street Address: _____

Executed this _____ day of _____, _____

Signature

Print Name (Check One) Member Manager Authorized Agent

Phone: _____ Fax: _____