



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR CERTIFICATE OF AUTHORITY OF FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

I, _____, a partner of _____

_____ a Limited Liability Limited Partnership, do hereby submit the following statement in compliance with *ACT 15 of 2007*, *ACT 14 of 2009*, and *Arkansas Code Annotated § 4-47-902*, providing for the registration of Foreign Limited Liability Limited Partnerships in the State of Arkansas:

1. Name under which to conduct business in Arkansas: _____

2. Jurisdiction organized: _____ 3. Date of formation: _____

4. The general character of business to be transacted in the State of Arkansas is: _____

5. Registered agent information: (for service of process in Arkansas): Name: _____

Street Address: _____

City, State Zip: _____ Arkansas _____

6. Mailing Address: _____

City, State Zip: _____ Arkansas _____

7. Principal office information: Street Address: _____

City, State Zip: _____

Mailing Address: _____

City, State Zip: _____

8. Provide name, street and mailing address of each partner (Attach additional sheet, if necessary.).

Name: _____ Street Address: _____

Mailing Address: _____

Name: _____ Street Address: _____

Mailing Address: _____

Name: _____ Street Address: _____

Mailing Address: _____

Attach additional pages if necessary.

9. A certificate of existence (or equivalent document) duly authenticated and certified by the proper authority must be attached.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____.

Signature of Partner

Printed Name of Partner



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

Annual Report – Contact Information

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

DOMESTIC FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP- Due May 1

LIMITED LIABILITY PARTNERSHIP- Due April 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due May 1

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Entity name as used in Arkansas

Contact Person

Street Address or Post Office Box Number

City, State & Zip

Telephone Number

E-mail Address

NOTE: Annual Reports will be due the year following filing or qualification in this state.

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

Executed this _____ day of _____, _____.

Signature

Authorized Officer (Type or Print)