



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

STATEMENT OF QUALIFICATION OF FOREIGN LIMITED LIABILITY PARTNERSHIP

(UNDER ACT 1518 of 1999 and Arkansas Code Annotated 4-46-1101)
(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The name of the Limited Liability Partnership is (name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P", "L.L.P", "FLLP", or "LLP"). :

Fictitious name to be used in Arkansas: _____

(The partnership may use a fictitious name to transact business in Arkansas, if its real name is unavailable, and it delivers to the Secretary of State a copy of the resolution of its board of directors, certified by its secretary, adopting a fictitious name.)

2. State of Origination: _____

3. Street address of the partnership's chief executive office is: _____

Street Address City State ZIP

4. Street address in Arkansas if different from the chief executive office: _____

Street Address City State ZIP

5. The name and address of the agent for service of process in the State of Arkansas is: _____
Name

Arkansas

Street Address City ZIP

6. Deferred effective date, if any: _____

I, hereby, state that the above-listed limited liability partnership is a registered limited liability partnership and satisfies the requirements of the state or other jurisdiction under whose laws it is formed.

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 _____, _____.

Partner (Typed or Printed)

Partner (Signature)



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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.

I affirm that I am the individual authorized to sign on behalf of the aforementioned entity to be formed and that, under penalty of perjury, the information stated in this record is accurate.

Executed this _____ day of _____, _____.

Signature

Authorized Officer / Partner (Type or Print)