

Arkansas Secretary of State

Cole Jester

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

CERTIFICATE OF LIMITED PARTNERSHIP or LLLP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1.	The Name of the Limited Partnership or Limited Liability Limited Partnership is: The name of the partnership must contain the phrase "Limited Partnership" or the abbreviation "L.P." or "LP" or the phrase "Limited Liability Limited Partnership" or the abbreviation "LLLP" or "L.L.L.P.".					
2.						
	a. Street address for the initial designated office					
		Street Address	City	State	Zip	
	b. Mailing address for the initial designated office if different	ent Mailing Address	City	State	Zip	
3.	a. Name of initial agent for service of process in Arkansas					
	b. Street address for initial agent	ress	City	Arkansa	S Zip	
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	c. Mailing address for initial agent	Iress	City	Arkansa	S	
4.	Provide the name, street and mailing address for <u>all</u> general partners					
	(Name)	(Street Address)				
		(Mailing Address)				
	(Name)	(Street Address)				
		(Mailing Address)				
	(Name)	(Street Address)				
		(Mailing Address)				
	(Name)	(Street Address)				
		(Mailing Address)				
	If necessary please attach any additional partners.					
	All general partner signatures required (per A.C.A. § 4-47-204)					
	I/we affirm that I/we am/are the individual/s 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.					
	Signed (Partner) (Date)	Signed				
					(Date)	
	Signed(Datas)	Signed	(2.1.)			



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Annual Report – Contact Information

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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
	a /a sac
NOTE: Annual Reports will be due the year following	ng filing or qualification in this State.
I affirm that I am the individual authorized to sign of that, under penalty of perjury, the information state	n behalf of the aforementioned entity to be formed and d in this record is accurate.
Executed this day of	_,
Signature	Authorized Officer / Partner (Type or Print)