



# Arkansas Secretary of State

## Mark Martin

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, \_\_\_\_\_, general 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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

6. Principal office information: Street Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

7. Provide name, street and mailing address of each general 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.

8. 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 General Partner

\_\_\_\_\_  
Printed Name of General Partner



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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

Limited Liability Limited Partnership

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 on or before May 1<sup>st</sup> the year following filing or qualification in this state.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer (Type or Print)