



# 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 PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

I, \_\_\_\_\_, general partner of \_\_\_\_\_

\_\_\_\_\_ a 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 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.

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)