



# Arkansas Secretary of State

## Mark Martin

1401 W. Capitol, Suite 250, 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".) : \_\_\_\_\_  
\_\_\_\_\_

2. State of origination: \_\_\_\_\_

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

Street Address City State ZIP

4. Street address of an office 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 of Agent

Street Address City State 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
General Partner (Typed or Printed)

\_\_\_\_\_  
General Partner (Signature)



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## Annual Report – Contact Information LIMITED LIABILITY PARTNERSHIP

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

Domestic

Foreign

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

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

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