



Arkansas Secretary of State

Mark Martin

1401 W. Capitol, Suite 250, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP

(Arkansas Code Annotated § 4-47-201)

1. The Name of the Limited Liability Limited Partnership is:

The name of a limited liability limited partnership must contain the phrase "limited liability limited partnership" or the abbreviation "LLLLP" or "L.L.L.P." and may not contain the phrase "limited partnership" or the abbreviation "L.P." or "LP".

2. a. Street address for the initial designated office _____

b. Mailing address for the initial designated office if different _____

3. a. Name of initial agent for service of process _____

b. Street address for initial agent _____

c. Mailing address for initial agent _____

4. Provide the name, street and mailing address for each general partner.

(Name) (Street Address)

(Mailing Address)

All general partners must sign this document. (If necessary please attach any additional general partners.)

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

Signed _____ (general partner) _____ (Date) Signed _____ (general partner) _____ (Date)

Signed _____ (general partner) _____ (Date) Signed _____ (general partner) _____ (Date)

