



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, 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, _____, a 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: _____ Arkansas _____

6. Mailing Address: _____
City, State, Zip: _____ Arkansas _____

7. Principal office information: Street Address: _____
City, State, Zip: _____
Mailing Address: _____
City, State, Zip: _____

8. Provide name, street and mailing address of each partner.
Name: _____ Street Address: _____
Mailing Address: _____
Name: _____ Street Address: _____
Mailing Address: _____
Name: _____ Street Address: _____
Mailing Address: _____

Attach additional pages if necessary.

9. 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 Partner

Printed Name of 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- Due August 1

LIMITED LIABILITY PARTNERSHIP- Due August 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due August 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

NOTE: Annual Reports will be due the year following filing or qualification in this State.

I affirm that I am the individual 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.

Executed this _____ day of _____, _____.

Signature

Authorized Officer / Partner (Type or Print)