



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

CERTIFICATE OF LIMITED PARTNERSHIP or LLLP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

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

The name of the partnership must contain the phrase "Limited Partnership" or the abbreviation "L.P." or "LP" or the phrase "Limited Liability Limited Partnership" or the abbreviation "LLLLP" or "L.L.L.P."

2. a. Street address for the initial designated office _____
Street Address City State Zip

b. Mailing address for the initial designated office if different _____
Mailing Address City State Zip

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

b. Street address for initial agent _____ Arkansas _____
Street Address City Zip

c. Mailing address for initial agent _____ Arkansas _____
Mailing Address City Zip

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

(Name) _____ (Street Address) _____

(Mailing Address) _____

(Name) _____ (Street Address) _____

(Mailing Address) _____

(Name) _____ (Street Address) _____

(Mailing Address) _____

(Name) _____ (Street Address) _____

(Mailing Address) _____

If necessary please attach any additional partners.

All partners must sign this document.

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.

Signed _____ (Partner) _____ (Date) Signed _____ (Partner) _____ (Date)

Signed _____ (Partner) _____ (Date) Signed _____ (Partner) _____ (Date)



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Annual Report – Contact Information

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JURISDICTION (SELECT ONE)

DOMESTIC FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP- Due May 1

LIMITED LIABILITY PARTNERSHIP- Due April 1

LIMITED LIABILITY LIMITED PARTNERSHIP- Due May 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.

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.

Executed this _____ day of _____, _____.

Signature

Authorized Officer (Type or Print)