



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

STATEMENT OF QUALIFICATION OF FOREIGN LIMITED LIABILITY PARTNERSHIP

Arkansas Code Annotated § 4-46-1001

1. The name of the Limited Liability Partnership is: _____

2. State of origination: _____

3. Street address of the principal office in the state of organization is: _____

Street Address City State ZIP

4. Street address of an office in Arkansas if different from the principal 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

Arkansas

Street Address City ZIP

6. Deferred effective date, if any: _____

I, hereby, state that the above-listed limited liability partnership is a registered limited liability partnership.

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 _____, _____.

Partner (Typed or Printed)

Partner (Signature)



Arkansas Secretary of State

Cole Jester

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

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)