



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 PARTNERSHIP or LLLP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The Name of the Limited Partnership is:

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

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)

If necessary please attach any additional general partners.

All general 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 _____ (Date) _____
(general partner)



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Annual Report LP or LLLP Contact Information

(PLEASE TYPE OR PRINT CLEARLY IN INK)

JURISDICTION (SELECT ONE)

DOMESTIC FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

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 / Registered Agent for Service of Process

Street Address of Designated Office

City, State & Zip

Mailing Address of Designated Office

City, State & Zip

Telephone Number

E-mail Address

FOREIGN COMPANIES:

State or Country of Jurisdiction

Mailing Address of Principal Office

NOTE: Annual Reports will be due on or before May 1st the year following filing or qualification in this state.

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Executed this _____ day of _____, _____.

Signature

Authorized Officer (Type or Print)