



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 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 "LLLP" 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)

(Name) (Street Address)

(Mailing Address)

(Name) (Street Address)

(Mailing Address)

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

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



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, 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 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

Street Address or Post Office Box Number

City, State & Zip

Telephone Number

E-mail Address

NOTE: Annual Reports will be due on or before May 1st 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)