



Arkansas Secretary of State

500 Woodlane Avenue, Suite 256, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The name of the limited liability partnership is: _____

2a. The address of the principal office of the limited liability partnership is: _____

Address Line 1

Address Line 2

City

State

Zip

2b. The address of an office in Arkansas, if different from the principal office: _____

Address Line 1

Address Line 2

City

State

Zip

3. The name and address of the agent for service of process for the limited liability partnership is: _____

Name

Arkansas

Physical Address

City

Zip

4. Statement of intent to be a limited liability partnership: _____

5. Deferred effective date, if any: _____

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.

Authorizing Officers: _____

(Type or Print)

Authorizing Signature: _____

(Partner)

(Date)

Authorized Signature: _____

(Partner)

(Date)



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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 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.

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)