



# 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 "LLLLP" 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 \_\_\_\_\_
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)

All partners must sign this document. (If necessary please attach any additional 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 \_\_\_\_\_
(Partner) (Date) (Partner) (Date)

Signed \_\_\_\_\_ Signed \_\_\_\_\_
(Partner) (Date) (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.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer (Type or Print)