



Arkansas Secretary of State

John Thurston

1401 W. Capitol, Suite 250, 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
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4. Street address of an office in Arkansas if different from the principal office: _____

Street Address	City	State	ZIP
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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
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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)



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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.

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)