



Arkansas Secretary of State

John Thurston

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

STATEMENT OF QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP (LLP)

(Under Act 1518 of 1999)

(PLEASE TYPE OR PRINT CLEARLY IN INK)

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

2a. The street address of the chief executive office of the limited liability partnership is: _____

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

3. The name and street address of the agent for service of process for the limited liability partnership shall be:

_____ Agent Name
_____ Street Address _____ City _____ Arkansas _____ Zip

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

5. Deferred effective date, if any: _____

We affirm that we are 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.

Authorizing Partners _____
(Type or Print)

Authorized Signature _____ (Partner) _____ (Date)

Authorized Signature _____ (Partner) _____ (Date)

Two partner signatures required (per A.C.A. § 4-46-105(c))



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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 (Type or Print)