Arkansas Secretary of State

Mark Martin

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

APPLICATION FOR QUALIFICATION OF LIMITED LIABILITY PARTNERSHIP

(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. If there is no office in Arkansas, the name and street address of the agent for service of process for the limited liability

    partnership who is also an Arkansas resident or has authority to do business in Arkansas is: _____

_____

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)

Authorized Signature _____   _____
                                     (Partner)   (Date)

Authorized Signature _____   _____
                                     (Partner)   (Date)

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Annual Report – Contact Information
LIMITED LIABILITY PARTNERSHIP
PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)
☐ DOMESTIC ☐ FOREIGN

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 April 1st the year following filing or qualification in this state.

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Executed this _____ day of _____, _____.

_____
Signature

_____
Authorized Officer (Type or Print)

Rev. 03/08