

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP
STATE OF MAINE
CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**

(Mark box only if applicable)

This is a professional limited liability partnership* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

(type of professional services)

| |
|--|
| <p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p> |
|--|

Pursuant to 31 MRSA §822, the undersigned executes and delivers the following Certificate of Limited Liability Partnership:

FIRST: The name of the registered limited liability partnership is:

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" - 31 MRSA §803-A)

SECOND: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: Pursuant to 5 MRSA §108.3, the registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.

FOURTH: The name and business, residence or mailing address of the contact partner is:

| Name | Address |
|------|---------|
| | |

FIFTH: Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

Partner(s)**

Dated _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Partner(s) which are Entities**

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

***Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

Certificate **MUST be signed by:

- (1) one or more **partners** who are authorized **OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov

