



ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684-5708
 Website: www.nvsos.gov

Certificate of Registration Limited-Liability Partnership

(PURSUANT TO NRS CHAPTER 87)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|------------------|----------------------------|--|----------|--|--|--------|--|--|----------|--|----------|--|--|--------|--|------------------|------|--|----------|
| 1. Name of Limited-Liability Partnership: (see instructions) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Street Address of Principal Office: | <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Street Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;">State</td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Street Address | City | State | Zip Code | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | City | State | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| 3. Registered Agent for Service of Process: (check only one box) | <input type="checkbox"/> Commercial Registered Agent: <input style="width: 80%;" type="text"/> <div style="text-align: right; font-size: small;">Name</div> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Street Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Mailing Address (if different from street address)</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | Street Address | City | | Zip Code | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | Mailing Address (if different from street address) | City | | Zip Code | | | | | | | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | City | | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address (if different from street address) | City | | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| 4. Name and Business Address of Each Managing Partner in this State: (attach additional pages if more than 3) | 1) <input style="width: 95%;" type="text"/> <div style="text-align: right; font-size: small;">Name</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Business Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table> 2) <input style="width: 95%;" type="text"/> <div style="text-align: right; font-size: small;">Name</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Business Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table> 3) <input style="width: 95%;" type="text"/> <div style="text-align: right; font-size: small;">Name</div> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 15%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Business Address</td> <td style="border: none; font-size: small;">City</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Zip Code</td> </tr> </table> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | Business Address | City | | Zip Code | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | Business Address | City | | Zip Code | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | Business Address | City | | Zip Code |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | City | | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | City | | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Nevada | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | City | | Zip Code | | | | | | | | | | | | | | | | | | | | | | |
| 5. Name and Signature of Authorized Managing Partner(s): (see instructions) | The partnership, hereafter, will be a registered limited-liability partnership: <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;">X</td> <td style="border: none; width: 45%;"></td> </tr> <tr> <td style="border: none; font-size: small;">Name</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Managing Partner Signature</td> </tr> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;">X</td> <td style="border: none; width: 45%;"></td> </tr> <tr> <td style="border: none; font-size: small;">Name</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Managing Partner Signature</td> </tr> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;">X</td> <td style="border: none; width: 45%;"></td> </tr> <tr> <td style="border: none; font-size: small;">Name</td> <td style="border: none; font-size: small;"></td> <td style="border: none; font-size: small;">Managing Partner Signature</td> </tr> </table> | <input style="width: 95%;" type="text"/> | X | | Name | | Managing Partner Signature | <input style="width: 95%;" type="text"/> | X | | Name | | Managing Partner Signature | <input style="width: 95%;" type="text"/> | X | | Name | | Managing Partner Signature | | | | | | |
| <input style="width: 95%;" type="text"/> | X | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Managing Partner Signature | | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | X | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Managing Partner Signature | | | | | | | | | | | | | | | | | | | | | | | |
| <input style="width: 95%;" type="text"/> | X | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Managing Partner Signature | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Certificate of Acceptance of Appointment of Registered Agent: | <i>I hereby accept appointment as Registered Agent for the above named Entity.</i> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;">X <input style="width: 95%;" type="text"/></td> <td style="border: none; width: 30%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td style="border: none; font-size: small;">Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</td> <td style="border: none; font-size: small;">Date</td> </tr> </table> | X <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity | Date | | | | | | | | | | | | | | | | | | | | |
| X <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity | Date | | | | | | | | | | | | | | | | | | | | | | | | |

This form must be accompanied by appropriate fees.



ROSS MILLER
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Instructions for Registration of Limited-Liability Partnership

(PURSUANT TO NRS CHAPTER 87)

IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.

1. **Name of the Limited-Liability Partnership.** The name must contain the words "Limited-Liability Partnership" or "Registered Limited-Liability Partnership," or the abbreviation "L.L.P." or "LLP," as the last words or letters of the name. *If the name does not contain the one of the above endings it will be rejected by the Secretary of State.* The name must be distinguishable from the name of a limited-liability company, limited partnership, limited-liability limited partnership, limited-liability partnership, business trust or corporation already on file in this office. A name may be reserved, if available, for 90 days by submitting a name reservation form with a \$25.00 filing fee to the office of the Secretary of State. For details you may call (775) 684-5708 or write to the Secretary of State, 204 North Carson Street, Suite 4, Carson City, NV 89701-4520.
2. **Location of Principle Office.** State the street address of principle office of the limited-liability partnership.
3. **Registered Agent.** Persons wishing to register a limited-liability partnership in the State of Nevada must designate a person as a registered agent who resides or is located in this state. Every registered agent must have a street address in the state of Nevada for the service of process, and may have a separate Nevada mailing address such as a post office box, which may be different from the street address.
4. **Managing Partners.** List the names and business addresses of all of the managing partners in this state. If there are more than three managing partners, use 8 1/2" x 11" white paper and attach to the certificate.
5. **Name and Signature of Managing Partner.** The certificate of registration must be signed by a majority in interest of the partners or by one or more partners authorized to sign such a certificate. If there are more than three, use an 8 1/2" x 11" white paper and attach to the certificate.
6. **Registered Agent Acceptance.** The registered agent must complete and sign the certificate of acceptance at bottom of form or attach a separate signed certificate of acceptance.
7. **Other Matters.** Any other matters the partnership desires to include in this certificate may be noted on separate pages. Use 8 1/2" x 11" white paper and attach to the certificate.

*****IMPORTANT*****

INITIAL LIST OF MANAGING PARTNERS: Pursuant to NRS 87.510, each limited-liability partnership organized under the laws of this state shall, on or before the last day of the first month after the filing of its certificate of registration, and annually thereafter, file its list of managing partners and registered agent. The initial list fee is \$125.00. Forms will be mailed to you upon the filing of your registration and annually thereafter to the entity's registered agent.

COPIES: One file stamped copy of the registration form is issued with your filing confirmation. This copy may be certified for an additional \$30.00. Additional file stamped copies are \$2.00 per page (plus \$30.00 if they are to be certified). It is recommended that a limited-liability partnership have at least one copy of the certificate of registration be kept in the office of the registered agent. The Secretary of State keeps the original filing.

CEREMONIAL CHARTER: Ceremonial (colored) charters are also available for an additional \$100.00.

FILING FEE: \$75.00 filing fee is required. Filing may be expedited for an additional \$125.00 expedite fee.

Filing may be submitted at the office of the Secretary of State or by mail at the following addresses:

MAIN OFFICE:
Regular and Expedited Filings

Secretary of State
 New Filings Division
 204 North Carson Street, Suite 4
 Carson City NV 89701-4520
 Phone: 775-684-5708
 Fax: 775-684-7138

SATELLITE OFFICE:
Expedited Filings Only

Secretary of State – Las Vegas
 Commercial Recordings Division
 555 East Washington Ave, Suite 5200
 Las Vegas NV 89101
 Phone: 702-486-2880
 Fax: 702-486-2888



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 Secretary of State
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**Registered Agent
 Acceptance**
 (PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

In the matter of

Name of Represented Business Entity

I, am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent*

(complete only one)

- a) commercial registered agent listed with the Nevada Secretary of State,
- b) noncommercial registered agent with the following address for service of process:

Nevada
 Street Address City Zip Code

Nevada
 Mailing Address (if different from street address) City Zip Code

- c) represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity

Nevada
 Street Address City Zip Code

Nevada
 Mailing Address (if different from street address) City Zip Code

and hereby state that on I accepted the appointment as registered agent for
 the above named business entity. Date

X

 Authorized Signature of R.A. or On Behalf of R.A. Company

Date

*If changing Registered Agent when reinstating, officer's signature required.

X

 Signature of Officer

Date



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Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: Regular 24-Hour Expedite (additional fee included)

Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery: (email or fax options do not receive a copy via mail; must be ordered separately)

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



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1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing Service Requested: 2-Hour Expedite (additional **\$500.00** fee included) 1-Hour Expedite (additional **\$1000.00** fee included)

Name of Entity: Date:

Return to:

Contact Name: Phone:

Return Delivery:

Email to: Fax to:

Hold for Pick Up Mail to Address Above FedEx: Acct #

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)*

***PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

Check/Money Order Credit Card (attach ePayment checklist) Trust Account:

Use balance remaining in job #



ROSS MILLER
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24-hour, 2-hour and 1-hour Expedite Service Guidelines

IMPORTANT: To ensure expedited service, please mark “Expedite” in a conspicuous place at the top of the service request. Please indicate method of delivery.

24-HOUR EXPEDITE SERVICE

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

Time Constraints: Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

2-HOUR EXPEDITE SERVICE

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-HOUR EXPEDITE SERVICE

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

1-Hour and 2-Hour Time Constraints: Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgement (fax or e-mail) or to provide a correct fax number or e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in fileable form.

The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.



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ePayment Checklist

(For Counter, Fax and Mail Requests)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Service Type: Counter Mail Fax

Order Processing Requested: **(Expedite Processing Requires Additional Fees)**

Regular Processing
 24-HOUR Expedite
 2-HOUR Expedite
 1-HOUR Expedite

Payment by Card (card holder name and billing address required below)

Card Type: VISA MasterCard Discover American Express

Customer Credit Card Number:

| | | | | | | | | | | | | | | | | | |
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V CODE*

| | | | |
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* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
 4-digit number found on the front right side of American Express card.

NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (VCode) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.

Credit Card Expiration Date: Month Year

Amount to Charge Card: USD \$

Order Information (required)

Entity Name/Order Reference:

Card Holder Information:

Name as it Appears on the Account

Billing Address

City, State, Zip

Telephone

Payment Authorization

I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account(s):

X

 Authorized Signature

Not to Exceed Amount: USD \$



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Secretary of State
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Copies and Certification Services
Fee Schedule
Effective 7-1-08

The following is a list of copies and certification services and the associated fees. Fees are per document unless otherwise noted.

SERVICE REQUESTED:

| | |
|---|-----------------|
| Copies | \$2.00 per page |
| Certification of Document | \$30.00 |
| Search | \$50.00 |
| Certificate of Existence (evidence of good standing – short form) | \$50.00 |
| Certificate of Existence (listing amendments – long form) | \$50.00 |
| Ceremonial Certificate of Good Standing | \$100.00 |
| Certificate Evidencing Name Change | \$50.00 |
| Certificate of Fact of Merger | \$50.00 |
| Certificate of Default | \$50.00 |
| Certificate of Revocation | \$50.00 |
| Certificate of Dissolution | \$50.00 |
| Certificate of Withdrawal | \$50.00 |
| Certificate of Cancellation | \$50.00 |
| Certificate of Non-Existence | \$50.00 |
| Miscellaneous Certificates | \$50.00 |
| Apostille (Hague Treaty Nations)/Certification (Non-Hague Treaty Nations) | \$20.00 |
| Corporate Charter | \$50.00 |
| Ceremonial Charter | \$100.00 |

EXPEDITE SERVICE:

Expedite service is available for copies, certificate and certification services. Fees for expedite service are in addition to the fees as listed above.

24 Hour Expedite Service: Order may be picked up or mailed out within 24-hours.

| | |
|--|----------|
| Apostille | \$75.00 |
| Copies: Per entity name | \$125.00 |
| Certificates: Per entity name and certificate type | \$125.00 |
| Search: Expedite fee on search only; additional expedite fee required for copies | \$125.00 |

2-Hour Expedite Service: Order may be picked up or mailed within 2-hours.

| | |
|---|----------|
| 1 or more certificates (per entity name and certificate type) | \$500.00 |
| 1 or more copies (per entity name) | \$500.00 |

1-Hour Expedite Service: Order may be picked up or mailed within 1-hour.

| | |
|---|-----------|
| 1 or more certificates (per entity name and certificate type) | \$1000.00 |
| 1 or more copies (per entity name) | \$1000.00 |

BASIC INSTRUCTIONS:

- All orders may be submitted in writing, with fees enclosed, to the above address. Telephone orders with payment by VISA, Mastercard, Discover or American Express may be called into our Customer Service Department at (775) 684-5708. Trust account and credit card customers may fax expedite orders only to (775) 684-5645. Trust account orders must be received on company letterhead.
- All orders not specified as a pick-up are mailed out via first-class mail, unless a Federal Express number is provided or other major courier pickup arrangement is made.
- Fax back service is only available for certificates or copies of 50 pages or less. This service must be requested at time of order with complete fax information provided.
- Each order will be returned to one address only.



ROSS MILLER
Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 Phone: (775) 684-5708
 Website: www.nvsos.gov

**Limited-Liability Partnership
 Fee Schedule
 Effective 7-1-08**

LIMITED-LIABILITY PARTNERSHIP FEES: Pursuant to NRS 87 for both Domestic and Foreign Limited-Liability Partnerships.

| | |
|---|-----------------|
| Registration of Limited-Liability Partnership | \$75.00 |
| Registration of Foreign Limited-Liability Partnership | \$75.00 |
| Reinstatement Fee | \$300.00 |
| Certificate of Amendment | \$175.00 |
| Certificate of Correction | \$175.00 |
| Notice of Withdrawal (Termination of Registration), Foreign or Domestic | \$100.00 |
| Preclearance of any Document | \$125.00 |
| Articles of Domestication – contact office for fee information | |
| Ceremonial Charter | \$100.00 |
| Certificate of Good Standing | \$50.00 |
| Ceremonial Certificate of Good Standing | \$100.00 |
| Initial List of Managing Partners | \$125.00 |
| Annual or Amended List of Managing Partners | \$125.00 |
| 24-Hour Expedite fee for above filings | \$125.00 |
| Apostille | \$20.00 |
| 24-Hour Expedite fee for above filing | \$75.00 |
| Name Reservation | \$25.00 |
| 24-Hour Expedite fee for above filing | \$50.00 |
| Certificate of Change of Principal Office | \$60.00 |
| Change of Noncommercial Registered Agent | \$60.00 |
| Change of Registered Agent by Represented Entity | \$60.00 |
| Resignation of Managing Partner | \$75.00 |
| Resignation of Registered Agent (plus \$1.00 for each additional entity listed) | \$100.00 |
| 24-Hour Expedite fee for above filings | \$25.00 |
| Certification of Documents – per certification | \$30.00 |
| Copies – per page | \$2.00 |
| Late Fee for List of Managing Partners | \$75.00 |
| Business License Fee | \$200.00 |

2-Hour Expedite is available on all of the above filings at the fee of \$500.00 per item.

1-Hour Expedite is available on all of the above filings at the fee of \$1000.00 per item.

PLEASE NOTE: the expedite fee is in addition to the standard filing fee charged on each filing and/or order.

24-HOUR EXPEDITE TIME CONSTRAINTS:

Each filing submitted receives same day filing date and may be picked up within 24 hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form. The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages, or equipment malfunction. These extensions are few and will rarely extend more than a few hours.