

**FILING FEE: \$100.00**

**PRINT CLEARLY**

**Oklahoma  
Limited Liability Partnership  
Statement of Qualification**

**Oklahoma Secretary of State**, 2300 N. Lincoln Boulevard., Room 101, State Capitol Building, Oklahoma City, OK 73105-4897  
Telephone: (405) 521-3912

1. The name of the partnership:

(The name of a limited liability partnership **must end** with **Registered Limited Liability Partnership, Limited Liability Partnership, R.L.L.P., L.L.P., RLLP, or LLP.**)

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2a. The **STREET** address of the partnership's chief executive office:

**and, if different:**

2b. The **STREET** address of an office of the partnership in this state, if any:

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3. If the partnership does not have an office in Oklahoma, the name and **STREET** address of the partnership's agent for service of process:

Agent Name	Street Address	City	Zip Code
	(P.O. Boxes are <b>not</b> acceptable.)		

(The agent **must** be an individual resident of this state, a domestic corporation, limited liability company, limited partnership or limited liability partnership; or a foreign corporation, limited liability company, limited partnership or limited liability partnership having a place of business and authorized to do business in Oklahoma.)

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4. A deferred effective date, if any:

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5. The partnership elects to be a limited liability partnership.

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**MUST BE EXECUTED BY AT LEAST TWO PARTNERS**

The undersigned, for the purpose of filing a statement of qualification of limited liability partnership on behalf of the partnership named herein, pursuant to Title 54, Oklahoma Statutes, Section 1-1001, personally declare under penalty of perjury, that the contents of this statement are accurate.

Signed and dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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Signature

Print Name

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Signature

Print Name