



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 REGISTRATION OF LIMITED LIABILITY PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

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

- 2a. The address of the principal office of the limited liability partnership is: _____

- 2b. The address of an office in Arkansas, if different from the principal office: _____

3. The name and address of the agent for service of process for the limited liability partnership 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)

Authorizing 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)