

Secretary of State

Department of Business Services

Limited Liability Division

501 S. Second St., Rm. 351

Springfield, IL 62756

217-524-8008

www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, money order, Illinois attorney's check or Illinois C.P.A.'s check. If a check is returned for any reason, this filing will be void.

Illinois

Uniform Partnership Act

Statement of Foreign Qualification

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$500

Approved:

Federal Employer Identification Number (F.E.I.N.): _____ (Required to File)

1. Partnership Name: _____
(Name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," or "RLLP," "LLP")

2. Alternate Name: _____
(The LLP must adopt an alternate name if the name in item 1 is not available for use in Illinois. The LLP agrees that it will conduct all business in Illinois using only the alternate name above.)

3. State of Jurisdiction: _____

4. Address of Chief Executive Office:

Street Address (Must be a street address. P.O. Box alone is unacceptable.)

City, State, ZIP

5. If different from address in #4, street address of an office in this state, if any:

6. Registered Agent's Name and Registered Office Address (must be an Illinois resident or company):
Registered Agent: _____
First Name Middle Initial Last Name
Registered Office: _____
Number Street Suite #

City IL ZIP

7. Brief statement of the business in which the partnership engages: _____

UPA-1102

8. Total number of partners: _____

9. Names and mailing addresses of all partners:

Name, Street Address, City, State, ZIP

Name, Street Address, City, State, ZIP

Name, Street Address, City, State, ZIP

10. The partnership hereby applies for foreign qualification status as a Limited Liability Partnership.

11. Registration application is effective on (check one):

a) the filing date

b) another date later than, but not more than 30 days subsequent to the filing date: _____
Month, Day, Year

12. This application is accompanied by a Certificate of Good Standing (within the last 30 days) from the domicile state or country wherein the LLP is formed.

13. The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by at least two partners.
Day Month Year

Signature

Number, Street Address

Name and Title (type or print)

City, State, ZIP

Signature

Number, Street Address

Name and Title (type or print)

City, State, ZIP

If additional space is required, continue in the same format on a plain white 8.5x11" sheet of paper.