



MICHELE REAGAN
Secretary of State

**State of Arizona – Office of the Secretary of State
Statement of Foreign Qualification of a Foreign
Limited Liability Partnership A.R.S. § 29-1106**

SEND BY MAIL TO:
Secretary of State Michele Reagan, Atten: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:
PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 1st Fl., Room 103
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.
IN-PERSON ONLY - We accept major credit cards and bank debit cards.

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this statement. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

DO NOT WRITE IN THIS SPACE

**FOR OFFICE USE ONLY
SOSBS ARS291106 REV. 3/12/2015**

INSTRUCTIONS

Before transacting business in this state, a foreign limited liability partnership must file a statement of foreign qualification. A.R.S. § 29-1106

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Submission: Submit this certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

Filing Fee and Payment: \$3.00 Filing Fee; Plus \$10.00 Authority to Transact Business; Plus \$3.00 per page. If filing by mail, make checks or money orders payable to the: Secretary of State.

Processing: 2-3 weeks; expedited service, fee \$25 (24-48 hours).

Website: All forms are available on the Secretary of State's website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

1. Partnership information

Name of the Foreign Limited Liability Partnership <i>End the name with the words "Limited Liability Partnership" or "L.L.P."</i>					
The state or country under whose laws the FLLP was formed or created		Date of formation	Month	Day	Year
The authorizing agency (optional)		Registration number (optional)			
The address of the office maintained in the state of organization:					
Address		City	State	Zip	
The Arizona street address of the office used by the Foreign Limited Liability Partnership in this state:					
Arizona address of chief executive office (P.O. Box or C/O are unacceptable)		City	State AZ	Zip Code	

2. Agent for service of process information

Agent for service of process		Phone number (include area code) ()			
Arizona address of agent (P.O. Box or C/O are unacceptable)		City	State AZ	Zip Code	

3. Delayed Effective Date, If Any

Month	Day	Year
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4. Signatures of general partners:

Name of General Partner					
Signature			Month	Day	Year
Name of General Partner					
Signature			Month	Day	Year
Name of General Partner					
Signature			Month	Day	Year