MICHELE REAGAN
Secretary of State

State of Arizona – Office of the Secretary of State
Statement of Qualification to be a Limited Liability Partnership, *A.R.S. § 29-1101* or a Limited Liability Limited Partnership, *A.R.S. § 29-367*

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 certificate. 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 ARS291101 & ARS 29367
REV. 3/12/2015

INSTRUCTIONS

When to use this form: To be filed by AN EXISTING Arizona Limited Partnership on record with the Secretary of State.
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.
Website: All forms are available on the Secretary of State's Website, www.azsos.gov.

LLP Filing Fee and Payment: $3 LLP Statement of Qualification + $3 per additional page
LLLP Filing Fee and Payment: $3 LLP Statement of Qualification + $3 LLLP Statement of Qualification + $3 per additional page
If filing by mail, make checks or money orders payable to the: Secretary of State.
Processing: 2-3 weeks; expedited service (24-48 hours) available for an additional $25.
Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

1. Partnership information

Name of the Qualifying Partnership or Limited Partnership	Sec. of State File Number	Delayed Effective Date, If Any

Name of the Limited Liability Partnership *End the name with the words "Limited Liablity Partnership" or "L.LP."*	*Statement of Status* ☐ **Limited Liability Partnership**

Name of the Limited Liability Limited Partnership *End the name with the words "Limited Liablity Limited Partnership" or "L.L.L.P."*

Arizona address of chief executive office (P.O. Box or C/O are unacceptable)	City	State	Zip Code
		AZ	

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	Zip Code
		AZ	

3. The Names, Addresses, and Signatures of each general partner:

Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year

Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year

Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year