



MICHELE REAGAN
Secretary of State

**State of Arizona – Office of the Secretary of State
Statement of Division, A.R.S. § 29-2605**

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.

DO NOT WRITE IN THIS SPACE

**FOR OFFICE USE ONLY
SOSBS ARS292605
REV. 1/5/2015**

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.

1. Dividing entity information

Dividing Entity Name	Jurisdiction of Organization	Secretary of State file number, if any		
Entity Type (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:				
Statement of survival <input type="checkbox"/> The dividing entity WILL survive the division <input type="checkbox"/> The dividing entity will NOT survive the division				

2. Resulting Entity Information – Attach additional sheets should more resulting entities be needed

Resulting Entity Name	Jurisdiction of Organization	Secretary of State file number, if any		
Resulting Entity's best known place of business in this state or street address in this state	City	State	Zip	
Resulting Entity Type (select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:				
Resulting Entity Name	Jurisdiction of Organization	Secretary of State file number, if any		
Resulting Entity's best known place of business in this state or street address in this state	City	State	Zip	
Resulting Entity Type (select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:				
Resulting Entity Name	Jurisdiction of Organization	Secretary of State file number, if any		
Resulting Entity's best known place of business in this state or street address in this state	City	State	Zip	
Resulting Entity Type (select one) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:				
Delayed effective date and time, if any, but not more than 90 days from date of receipt. See the instructions for further detail.				

3. Agent for service of process of foreign non-required resulting entity – Attach sheets for each additional agent

Resulting Entity's agent for service of process				
Is a new statutory agent being appointed? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, a signed statement of the statutory agent accepting the appointment must be attached to the Statement of Division.				
Arizona address of agent for service of process (P.O. Box or C/O are unacceptable)			City	State AZ
Zip				

4. Approved signature of dividing entity

Name of Signer on behalf of dividing entity	Statement of Division Approval <input type="checkbox"/> This division was approved by this domestic or foreign dividing entity. [A.R.S. § 29-2605(B)(5)]			
Signature	Month	Day	Year	



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**State of Arizona – Office of the Secretary of State
Statement of Division Instructions, A.R.S. § 29-2605**

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Instruction

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

Processing: 2-3 weeks; expedited service (24-48 hours) available for an additional \$25.

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.

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

Filing fee and Payment: \$10 + \$3 plus \$3 per additional page. Checks or money orders shall be made payable to the Secretary of State.

This fee is considered per entity name listed on the Statement of Division affecting any entity(ies) recorded by our office, and not for filing the Statement of Division itself. For example, if the division indicates two entities recorded with our office, the filing fee will be, excluding additional pages, \$26 (2 entities at \$13 each).

Statutory Obligation

Arizona Revised Statutes (A.R.S.) §§ 29-2601 – 2607 provide reference for the creation of and recording of divisions. The requirements for this Statement of Division are set forth in A.R.S. § 29-2605. The filing of this form will affect all partnerships [limited partnership (“LP”), limited liability partnership (“LLP”), limited liability limited partnerships (“LLLP”)] on file with our office.

Statement of Division Effective Date

If no effective date is specified and the filing meets all statutory requirements, the Secretary of State will deem the Statement to be effective on the date of delivery. Should a Statement have an effective date, it must be delivered to our office no more than 90 days before the Statement’s effective date. If the Statement is submitted more than 90 days before the effective date, our office will return the form and detail when the form should be resubmitted.

Additional Steps/Requirements

Determine if any additional steps must take place. Our office will require additional paperwork, and subsequent fees, if the surviving entity will become a partnership recorded by our office. If additional paperwork and fees are not received, the entire request will be returned for resubmission.

<p>Option 1: <i>Statement of Division results in one or more new partnerships.</i></p> <p><i>The Statement of Division must be submitted with the appropriate registration form below, along with its filing fees.</i></p>		<p>Option 2: <i>Statement of Division references an existing partnership that will survive the division.</i></p> <p><i>Our office will process the Statement of Division as an amendment to the existing partnership on file.</i></p>	<p>Option 3: <i>Statement of Division references a partnership that will not survive the division.</i></p> <p><i>Our office will process the Statement of Division as a cancellation to the existing partnership on file.</i></p>
LP	Domestic	Certificate of Limited Partnership	No additional paperwork or fees required
	Foreign	Foreign Limited Partnership Registration	
LLP	Domestic	Combined Certificate of Limited Partnership & Statement of Qualification to be a Limited Liability Partnership	
	Foreign	Statement of Qualification to be a Foreign Limited Liability Partnership	
LLLP	Domestic	Combined Certificate of Limited Partnership & Statement of Qualification to be a Limited Liability Partnership	
	Foreign	Statement of Qualification to be a Foreign Limited Liability Partnership	