



State of Missouri
Denny Hoskins, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Application for Registration of a
Foreign Limited Liability Partnership

(Submit with the following filing fees: Original Application: 2 partners @ \$55.00 / 3 partners @ \$80.00 / 4 or more @ \$105.00;
Renewal: \$105.00 plus \$50.00 for each additional partner added, not to exceed \$205.00)

() Original filing () Renewal Limited Liability Partnership registration number: _____

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

2. The name that the foreign limited liability partnership will use in Missouri is (must include "Registered Limited Liability Partnership,
"L.L.P.", or "LLP" as the last words or letters of its name) (must be filled out if different from line (1)):

3. The foreign limited liability partnership was formed under the laws of _____ on the date _____.
State or Other Jurisdiction

4. The address of the office required to be maintained in the state or jurisdiction in which it was formed. If no office required in such
state or jurisdiction of organization, the address of the principal office is:

5. The name and address of its registered agent and office in the state of Missouri is (this line must be completed and include a street
address):

Name Address City/State/Zip

The Secretary of State is irrevocably appointed agent for service of process if the foreign limited liability partnership fails to maintain a registered agent. Note: fail-
ure to maintain a registered agent constitutes grounds to cancel the registration of the foreign limited liability partnership.

6. The number of partners in the limited liability partnership as of the date of this Application is _____.

7. Brief statement of the partnership's business: _____

8. Other information (optional):

(Please see next page)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

In Affirmation thereof, the facts stated above are true and correct.
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Authorized Signature

Printed Name

Title

Date

Authorized Signature

Printed Name

Title

Date