



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

**Certificate of Registration
 of a Limited-Liability
 Limited Partnership**
 (PURSUANT TO NRS CHAPTER 88)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Registration of a Nevada Limited-Liability Limited Partnership
(Pursuant to NRS Chapter 88)

1. Name of the Limited-Liability Limited Partnership:

2. Name of the Nevada Limited Partnership registering to become the Limited-Liability Limited Partnership:

3. Street address of the Principal Office:

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Street Address	City	State	Zip Code

4. Registered Agent for Service of Process: (check one box only)

Commercial Registered Agent:

Name

Noncommercial Registered Agent (name and address below) **OR** Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Nevada	<input style="width: 95%; height: 20px;" type="text"/>
Street Address	City		Zip Code

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	Nevada	<input style="width: 95%; height: 20px;" type="text"/>
Mailing Address (if different from street address)	City		Zip Code

5. Name and Business Address of each initial General Partner:*

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Name	Business Address	City	State	Zip Code

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Name	Business Address	City	State	Zip Code

6. Name, Business Address and Signature of each Organizer executing the certificate:*

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge the pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

 Name

X

Organizer Signature

<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Business Address	City	State	Zip Code

7. The certificate has been executed by the vote necessary to amend the partnership agreement. The limited partnership hereafter will be a registered limited-liability limited partnership.

8. I hereby accept appointment as Registered Agent for the above named Entity.

X _____

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

*attach a plain 8 1/2" x 11" sheet to list additional names and addresses.

Filing Fee: \$100.00