ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Application of Registration for Foreign Limited-Liability Partnership

(PURSUANT TO NRS CHAPTER 87)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Foreign Limited-Liability Partnership:

2. Name Being Registered with Nevada: (see instructions)

3. Date and State or Country of Formation:

Date Formed

State or Country where Authorized

☐ This entity is in good standing in the jurisdiction of its incorporation/creation.

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

☐ 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

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

5. Street Address of Principal Office: (see instructions)

Street Address | City | State | Zip Code

6. Name and Business Address of each Managing Partner in this State: (attach additional page if more than 2)

1) Name

Business Address | City | Nevada | Zip Code

2) Name

Business Address | City | Nevada | Zip Code

7. Name and Signature of Managing Partner Making Statement:

The partnership, hereafter, will be a registered limited-liability partnership:

I hereby declare and affirm under the penalties of perjury that I am a Managing Partner in the above-named Foreign Limited-Liability Partnership and that the execution of this application for registration is my act and deed and that the facts stated herein are true. I also declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that 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 **Authorized Signature**

Name | X **Authorized Signature**

8. Certificate of Acceptance of Appointment of Registered Agent:

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

This form must be accompanied by appropriate fees.

Reset