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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:	<input type="text"/> <input type="text"/> <input type="checkbox"/> This entity is in good standing in the jurisdiction of its incorporation/creation. Date Formed State or Country where Authorized
4. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <hr/> Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity <input type="text"/> <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code <input type="text"/> <input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code
5. Street Address of Principal Office: (see instructions)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code
6. Name and Business Address of each Managing Partner: (attach additional page if more than 2)	1) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Business Address City State Zip Code 2) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Business Address City State 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. <input type="text"/> X Name Authorized Signature <input type="text"/> X Name Authorized Signature
8. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity.</i> X <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date