070102

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

Certificate of Registration 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 Limited-Liability Partnership: (see instructions)

2. Street Address of Principal Office:
Street Address | City | State | Zip Code

3. 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

4. Name and Business Address of Each Managing Partner in this State: (attach additional pages if more than 3)

1) Name
Business Address | City | Nevada | Zip Code

2) Name
Business Address | City | Nevada | Zip Code

3) Name
Business Address | City | Nevada | Zip Code

5. Name and Signature of Authorized Managing Partner(s): (see instructions)

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

I 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 **Managing Partner Signature**

Name | X **Managing Partner Signature**

Name | X **Managing Partner Signature**

6. 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