



Arkansas Secretary of State

Mark Martin

State Capitol • Little Rock, Arkansas 72201-1094
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

Application for the Registration of Limited Liability Limited Partnership (Please Type or Print)

- The name of the Limited Liability Limited Partnership is: _____

- The street address of the principal office of the Limited Liability Limited Partnership is: _____

- The name and Arkansas street address of the agent for service of process for the Limited Liability Limited Partnership is:

- The general character of business to be transacted in the State of Arkansas is: _____

- The Limited Partnership Agreement permits the Limited Partnership to become a Limited Liability Limited partnership;
or
If the Limited Partnership Agreement does not provide for the Limited Partnership to become a Limited Liability Limited Partnership so that this change was made with the approval (i) by all general partners, and (ii) by the limited partners, or by each class or group of limited partners, and in either case by limited partners who own more than fifty percent (50%) of the current percentage or other interest in the profits of the limited partnership owned by all of the limited partners or by the limited partners in each class or group.
- The partner(s) acknowledges that he/she is authorized to execute the application:

Signed _____ (Partner) _____ (Date)

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

AFFIDAVIT

Subscribed and sworn to before me, a Notary Public, within and for the county of _____, and the State of Arkansas this _____ day of _____, _____.

Notary Public