



# State of Missouri

Denny Hoskins, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Application for Registration of a Foreign Limited Liability Partnership

(Submit with the following filing fees: Original Application: 2 partners @ \$55.00 / 3 partners @ \$80.00 / 4 or more @ \$105.00;  
Renewal: \$105.00 plus \$50.00 for each additional partner added, not to exceed \$205.00)

(  ) Original filing                      (  ) Renewal

1. The name of the foreign limited liability partnership is \_\_\_\_\_
2. The name that the foreign limited liability partnership will use in Missouri is (must include "Registered Limited Liability Partnership, "L.L.P.", or "LLP" as the last words or letters of its name) (must be filled out if different from line (1)):
3. The foreign limited liability partnership was formed under the laws of \_\_\_\_\_ on the date \_\_\_\_\_.  
*State or Other Jurisdiction*
4. The address of the office required to be maintained in the state or jurisdiction in which it was formed:

**Note:** If no office required in such state or jurisdiction of organization, the address of the principal office is:

5. The name and address of its registered agent and office in the state of Missouri is (this line must be completed and include a street address):

Name	Address	City/State/Zip
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The Secretary of State is irrevocably appointed agent for service of process if the foreign limited liability partnership fails to maintain a registered agent. Note: failure to maintain a registered agent constitutes grounds to cancel the registration of the foreign limited liability partnership.

6. The number of partners in the limited liability partnership as of the date of this Application is \_\_\_\_\_.
7. Brief statement of the partnership's business: \_\_\_\_\_
8. Other information (optional):

(Please see next page)

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

In Affirmation thereof, the facts stated above are true and correct.

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

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*Authorized Signature*

*Printed Name*

*Title*

*Date*

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*Authorized Signature*

*Printed Name*

*Title*

*Date*