



Office of the Secretary of State  
Corporations & Charities Division

### Limited Liability Partnership

See attached detailed instructions

This Box For Office Use Only

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number: \_\_\_\_\_

## LIMITED LIABILITY PARTNERSHIP REGISTRATION

Chapter 25.05 RCW

### SECTION 1

**NAME OF LIMITED LIABILITY PARTNERSHIP:** *(Must contain the words Limited Liability Partnership, LLP or L.L.P.)*

\_\_\_\_\_

### SECTION 2

**ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:**

*(Where records are maintained, see instructions page)*

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If originally formed outside Washington State provide the State/Country of origin: \_\_\_\_\_

### SECTION 3

**EFFECTIVE DATE OF FORMATION:** *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: \_\_\_\_\_ *(Specified effective date must be within 90 days AFTER the Certificate of Formation has been filed by the Office of the Secretary of State)*

### SECTION 4

**NUMBER OF PARTNERS OF THE LIMITED LIABILITY PARTNERSHIP:** \_\_\_\_\_

### SECTION 5

**BRIEF STATEMENT OF THE BUSINESS IN WHICH THE PARTNERSHIP ENGAGES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6**

**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

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

**Physical Location Address (required):**

\_\_\_\_\_  
City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**Mailing or Postal Address (optional):**

\_\_\_\_\_  
City \_\_\_\_\_ WA Zip Code \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT:**

I consent to serve as Registered Agent in the State of Washington for the above named partnership. I understand it will be my responsibility to accept Service of Process on behalf of the partnership; to forward mail to the partnership; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X \_\_\_\_\_  
**Signature of Registered Agent** Printed Name Date

**SECTION 7**

**This Partnership hereby applies for status as a Limited Liability Partnership**

**NAME, ADDRESS AND SIGNATURE(S) OF AUTHORIZED PARTNER(S):**

*(If necessary, attach additional names, addresses, and signatures)*

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Partner** Printed Name Date Phone

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Partner** Printed Name Date Phone

# **INSTRUCTIONS – LIMITED LIABILITY PARTNERSHIP REGISTRATION**

Please complete all sections of the Limited Liability Partnership Registration. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

## **Section 1**

Indicate the Limited Liability Partnership (LLP) name. The Limited Liability Partnership must contain the words limited liability partnership or the abbreviation LLP or L.L.P. unless otherwise addressed in RCW 25.05. A limited liability partnership name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office, such as corporations, limited liability companies, limited partnerships, and limited liability partnerships. It is advised that you contact the Secretary of State to check for name availability before filing at 360-725-0377.

## **Section 2**

Enter the address of the Limited Liability Partnership's principal place of business where records are maintained. If principal place of business is outside the State of Washington complete Section 2 and indicate the state/country of origin.

## **Section 3**

An effective date may be specified. The effective date can be up to 90 days AFTER the Limited Liability Partnership Registration has been filed by the Office of the Secretary of State.

## **Section 4**

List the number of partners in the Limited Liability Partnership.

## **Section 5**

Provide a brief statement of the business in which the partnership engages.

## **Section 6**

All Limited Liability Partnerships must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as registered agent.**

## **Section 7**

The registration must be executed by one or more authorized partner(s). WAC 434-112

## **Additional Information:**

**UBI Number:** If available, please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

**FEES:** The filing fee for Limited Liability Partnership Registration is \$180.00. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". Filing fees are non-refundable.

## **Mail completed forms and payment to:**

Secretary of State  
Corporation Division  
801 Capitol Way S  
PO Box 40234  
Olympia WA 98504-0234

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps) or call 360-725-0377.