



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: www.concord-sots.ct.gov

CERTIFICATE OF AUTHORITY FOREIGN LIMITED LIABILITY PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: _____ ZIP: _____	FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"				
1. NAME UNDER WHICH THE LIMITED LIABILITY PARTNERSHIP WILL TRANSACT BUSINESS IN CONNECTICUT: 					
2. NAME OF THE LIMITED LIABILITY PARTNERSHIP IN ITS STATE/JURISDICTION OF REGISTRATION: 					
3. STATE JURISDICTION WHERE LIMITED LIABILITY PARTNERSHIP IS REGISTERED: 					
4. DATE OF REGISTRATION IN ITS STATE/JURISDICTION: 					
5. ADDRESS REQUIRED IN STATE/JURISDICTION OF REGISTRATION OR PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP: 					
6. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS: <i>(see Conn. Gen. Stat. section 34-408)</i> <table style="width: 100%; border: none;"> <tr> <td colspan="2" style="border: none;">NAME OF AGENT:</td> </tr> <tr> <td style="border-right: 1px solid black; width: 50%; padding: 5px; vertical-align: top;"> BUSINESS ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____ </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> RESIDENCE ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____ </td> </tr> </table>		NAME OF AGENT:		BUSINESS ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____	RESIDENCE ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____
NAME OF AGENT:					
BUSINESS ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____	RESIDENCE ADDRESS: ADDRESS: CITY: STATE: _____ ZIP: _____				
ACCEPTANCE OF APPOINTMENT SIGNATURE OF AGENT					

7. THE DATE ON WHICH THE LIMITED LIABILITY PARTNERSHIP COMMENCED TRANSACTING BUSINESS IN CONNECTICUT:

8. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:

THE PARTNERSHIP IS A "FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP" AS DEFINED IN CONN. GEN. STAT. SECTION 34-301(4).

9. LLP EMAIL ADDRESS: REQUIRED. (If none, must state "NONE".)

10. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATED THIS _____ DAY OF _____, 20_____

NAME OF PARTNER	SIGNATURE