



# SECRETARY OF THE STATE OF CONNECTICUT

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

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WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

## CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

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

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		<b>FILING FEE: \$120</b>	
NAME:		MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
ADDRESS:			
CITY:			
STATE:			
ZIP:			
<b>1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:</b>			
<b>2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:</b>			
ADDRESS:			
CITY:			
STATE: ZIP:			
<b>3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS:</b> (COMPLETE ONLY IF PRINCIPAL OFFICE STATED ABOVE IS NOT LOCATED IN CONNECTICUT)			
<b>NAME OF AGENT:</b>			
<b>BUSINESS ADDRESS:</b>		<b>RESIDENCE ADDRESS:</b>	
ADDRESS:		ADDRESS:	
CITY:		CITY:	
STATE: ZIP:		STATE: ZIP:	
<b>ACCEPTANCE OF APPOINTMENT</b>			
<b>SIGNATURE OF AGENT</b>			
<b>4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:</b>			

**5. OTHER PROVISIONS:**

**THE PARTNERSHIP HEREBY APPLIES FOR STATUS AS A REGISTERED LIMITED LIABILITY PARTNERSHIP.**

**6. PARTNERSHIP EMAIL ADDRESS - REQUIRED:** (IF NONE, MUST STATE "NONE".)

**7. EXECUTION:**  
**DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_**

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE