

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845  
[corpinfo@state.sd.us](mailto:corpinfo@state.sd.us)

**STATEMENT OF QUALIFICATION**  
**FOREIGN LIMITED LIABILITY PARTNERSHIP**  
SDCL 48-7A-1102

**FILING FEE: \$125**

Make check payable to **SECRETARY OF STATE**

1. The name of the Limited Liability Partnership:

*Note: The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name (SDCL 48-7A-1002)*

2. The name of the state or other jurisdiction under whose laws it is incorporated: \_\_\_\_\_

3. The street address of the partnership's chief executive office in South Dakota, or, if the partnership's chief executive office is not physically located in South Dakota then state the street address of an office in this state, if any.

Actual Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

4. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: \_\_\_\_\_

Actual Street Address in this State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address in this State, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

(b) When listing a Commercial Registered Agent, please state their CRA#. This number can be obtained from the Commercial Registered Agent.

Commercial Registered Agent Name \_\_\_\_\_ CRA# \_\_\_\_\_

(c) Title of the office or other position with the business: \_\_\_\_\_

Business Office's Actual Street Address in this State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Mailing Address in this State, if Different from Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address (Optional) \_\_\_\_\_

6. If the registration is not to be effective upon filing, the deferred effective date shall be: \_\_\_\_\_
7. Application must be accompanied by a one page **Original Certificate of Existence** issued by the Secretary of State or other official having custody of the corporate records in the state or other jurisdiction under whose law it is incorporated.

This registration must be signed by at least two authorized partners.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of an authorized person

Email \_\_\_\_\_  
(Optional)

\_\_\_\_\_  
Printed Name