

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF QUALIFICATION OF A FOREIGN LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$125 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the limited liability partnership is _____

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.

2. The state of its formation _____

3. The date of its formation _____

4. The street address of its chief executive office

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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5. The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
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Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
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6. The deferred effective date of the registration if it is not to be effective upon filing of the registration _____

The registration must be signed by at least two authorized partners

Dated _____

(Signature of a partner - May be Submitted Electronically)

(Printed Name)

Dated _____

(Signature of a partner - May be Submitted Electronically)

(Printed Name)