

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

STATEMENT OF QUALIFICATION FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP

FILING FEE: \$125

Make check payable to SECRETARY OF STATE

1. The name of the Partnership: _____

Note: The name shall contain the words "Registered Limited Liability Limited Partnership", or "L.L.L.P.", or "LLLP" as the last words of the name. (SDCL ????)

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

3. The date of filing the Certificate of Limited Partnership: _____

4. 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) _____

IF ADDRESS LISTED IN #2 IS NOT A SOUTH DAKOTA ADDRESS, QUESTION #3 IS REQUIRED.

5. 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. The partnership elects to be a limited liability limited partnership.

7. If the registration is not to be effective upon filing, the deferred effective date shall be: _____

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).

This statement must be executed by at least **two** partners (SDCL 48-7A-105(c))

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name