



**State of Arizona – Office of the Secretary of State
Statement of Foreign Qualification of a Foreign
Limited Liability Partnership A.R.S. § 29-1106**

SEND BY MAIL TO:

Secretary of State Katie Hobbs, Atten: Limited Partnerships
1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:

PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

KATIE HOBBS
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this statement. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

FOR OFFICE USE ONLY
SOSBS ARS291106 REV. 01/07/2022

INSTRUCTIONS

Before transacting business in this state, a foreign limited liability partnership must file a statement of foreign qualification. A.R.S. § 29-1106

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Submission: Submit this certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

Filing Fee and Payment: \$3.00 Filing Fee; Plus \$10.00 Authority to Transact Business; Plus \$3.00 per page. Checks or money orders shall be made payable to the *Secretary of State*. Credit cards accepted for in person filings.

Processing: 2-3 weeks; expedited service, \$25 Fee(5 business days).

Website: All forms are available on the Secretary of State's website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

1. Partnership information				
Name of the Foreign Limited Liability Partnership			Partnership Email Address	
The state or country under whose laws the FLLLP was formed or created			Date of formation	Month
				Day
				Year
The authorizing agency (optional)		Registration number (optional)		
The address of the office maintained in the state of organization:				
Address		City	State	Zip
The Arizona street address of the office used by the Foreign Limited Liability Partnership in this state:				
Arizona address of chief executive office (P.O. Box or C/O are unacceptable)		City	State	Zip Code
			AZ	
2. Agent for service of process information				
Agent for service of process			Phone number (include area code)	
			()	
Arizona address of agent (P.O. Box or C/O are unacceptable)		City	State	Zip Code
			AZ	
3. Delayed Effective Date, If Any				
Month	Day	Year		
4. Signatures of general partners:				
Name of General Partner				
Signature			Month	Day
				Year
Name of General Partner				
Signature			Month	Day
				Year
Name of General Partner				
Signature			Month	Day
				Year