



**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. 01/07/2019**

**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](http://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(3 - 5 business days).

**Website:** All forms are available on the Secretary of State's website, [www.azsos.gov](http://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						
The state or country under whose laws the FLLLP was formed or created			<b>Date of formation</b>	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	