



**State of Arizona – Office of the Secretary of State  
Statement of Qualification to be a Limited  
Liability Partnership, A.R.S. § 29-1101**

**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 certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

**FOR OFFICE USE ONLY**  
**SOSBS ARS291101 REV. 01/07/2019**

**INSTRUCTIONS**

**When to use this form:** To be filed by AN EXISTING Arizona Limited Partnership on record with the Secretary of State.

**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 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 (3-5 business days) available for an additional \$25.

**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 Qualifying Partnership or Limited Partnership			Sec. of State File Number	
Name of the Limited Liability Partnership <i>End the name with the words "Limited Liability Partnership" or "L.L.P."</i>			Phone number (include area code) (     )	
Arizona address of chief executive office (P.O. Box or C/O are unacceptable)	City	State AZ	Zip Code	
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 AZ	Zip Code	
3. Statement of Status for which this application is made:		4. Delayed Effective Date, If Any		
Please Check <input type="checkbox"/> Limited Liability Partnership (L.L.P.)		Month	Day	Year
5. The Names, Addresses, and Signatures of each general partner:				
Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year
Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year
Name of General Partner				
Street Address	City	State	Zip Code	
Signature		Month	Day	Year