



Wyoming Secretary of State
Herschler Building East, Suite 101
122 W 25th Street
Cheyenne, WY 82002-0020
Ph. (307) 777-7311
Email: Business@wyo.gov

For Office Use Only

Foreign Registered Limited Liability Partnership Statement of Registration

1. Name of the Registered Limited Liability Partnership as organized:

2. Name it proposes to register and transact business in Wyoming:

(W.S. §17-21-1104 requires that the name of a foreign registered limited liability partnership must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", "R.L.L.P.", "L.L.P.", "RLLP", or "LLP".)

3. Jurisdiction under the laws of which govern its partnership agreement and under which it is registered as a limited liability partnership:

(State or country)

4. Principal office address which, if in this state, shall be its registered office for service of process and the name of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

5. If the partnership's principal office is not located in this state, the address of a registered office and the name and address of a registered agent for service of process in this state, which the partnership will be required to maintain:

6. Mailing address of the registered limited liability partnership:

7. Principal office address:

8. Brief statement of the business in which the partnership engages:

9. State the date this partnership began doing business in Wyoming or the date it will begin to do business in Wyoming. (Please note that a corporation doing business in Wyoming for greater than forty-five (45) calendar days without a Certificate of Authority shall be subject to **back taxes and penalties** pursuant to W.S. 17-16-1502(d) due at the time of qualification.):

(mm/dd/yyyy)

10. Any other information:

11. This partnership is a registered limited liability partnership.

12. Certification. (Please c e c t e o to complete t e required certification.)

consent on e alf of t e usiness entit to accept electronic service of process at t e required email address provided on t e form under t e circumstances specified in . . . (e).

. This statement of registration has been executed by one (1) or more partners authorized to execute a statement of registration.

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Title:

Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Title:

Contact Person:

Email:

Daytime Phone Number:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.