



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

# Certificate of Registration Limited-Liability Partnership

(PURSUANT TO NRS CHAPTER 87)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Partnership:</b> (see instructions)																			
<b>2. Street Address of Principal Office:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Street Address</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">State</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code														
Street Address	City	State	Zip Code																
<b>3. Registered Agent for Service of Process:</b> (check only one box)	<input type="checkbox"/> Commercial Registered Agent: <input style="width: 400px;" type="text"/> <div style="text-align: center; margin-left: 100px;">Name</div> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <b>OR</b> <input type="checkbox"/> Office or Position with Entity (name and address below)  Name of Noncommercial Registered Agent <b>OR</b> Name of Title of Office or Other Position with Entity  <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Street Address</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> <tr> <td style="border: none; width: 50%;">Mailing Address (if different from street address)</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">Nevada</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> </table>	Street Address	City	Nevada	Zip Code	Mailing Address (if different from street address)	City	Nevada	Zip Code										
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<b>4. Name and Business Address of Each Managing Partner:</b> (attach additional pages if more than 3)	1) <input style="width: 90%;" type="text"/> Name <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Business Address</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">State</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> </table> 2) <input style="width: 90%;" type="text"/> Name <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Business Address</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">State</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> </table> 3) <input style="width: 90%;" type="text"/> Name <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Business Address</td> <td style="border: none; width: 20%;">City</td> <td style="border: none; width: 10%;">State</td> <td style="border: none; width: 10%;">Zip Code</td> </tr> </table>	Business Address	City	State	Zip Code	Business Address	City	State	Zip Code	Business Address	City	State	Zip Code						
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<b>5. Name and Signature of Authorized Managing Partner(s):</b> (see instructions)	<p>The partnership, hereafter, will be a registered limited-liability partnership:</p> <p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;"><input style="width: 95%;" type="text"/></td> <td style="border: none; width: 5%; text-align: center;"><b>X</b></td> <td style="border: none; width: 45%;"></td> </tr> <tr> <td style="border: none;">Name</td> <td style="border: none;"></td> <td style="border: none;">Managing Partner Signature</td> </tr> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> <td style="border: none; text-align: center;"><b>X</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Name</td> <td style="border: none;"></td> <td style="border: none;">Managing Partner Signature</td> </tr> <tr> <td style="border: none;"><input style="width: 95%;" type="text"/></td> <td style="border: none; text-align: center;"><b>X</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Name</td> <td style="border: none;"></td> <td style="border: none;">Managing Partner Signature</td> </tr> </table>	<input style="width: 95%;" type="text"/>	<b>X</b>		Name		Managing Partner Signature	<input style="width: 95%;" type="text"/>	<b>X</b>		Name		Managing Partner Signature	<input style="width: 95%;" type="text"/>	<b>X</b>		Name		Managing Partner Signature
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<b>6. Certificate of Acceptance of Appointment of Registered Agent:</b>	<p><i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Certificate of Registration, submit a separate signed Registered Agent Acceptance form.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%;"><b>X</b></td> <td style="border: none; width: 30%;"></td> </tr> <tr> <td style="border: none;">Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</td> <td style="border: none;">Date</td> </tr> </table>	<b>X</b>		Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity	Date														
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This form must be accompanied by appropriate fees.

**INITIAL/ANNUAL LIST OF MANAGING PARTNERS AND STATE BUSINESS LICENSE**

**APPLICATION OF:**

ENTITY NUMBER

[Empty box for application name]

[Empty box for entity number]

NAME OF LIMITED-LIABILITY PARTNERSHIP

FOR THE FILING PERIOD OF [ ] TO [ ]

**USE BLACK INK ONLY - DO NOT HIGHLIGHT**

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

**IMPORTANT:** Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all managing partners. A **Managing Partner** must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
2. If there are additional managing partners, attach a list of them to this form.
3. Return completed form with the filing fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.
5. Make your check payable to the Secretary of State.
6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A **copy fee of \$2.00 per page** is required for **each additional copy** generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

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**ANNUAL LIST FILING FEE:** \$150.00 **LATE PENALTY:** \$75.00 (if filing late)

**BUSINESS LICENSE FEE:** \$200.00 **LATE PENALTY:** \$100.00 (if filing late)

**CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW**

NRS 76.020 Exemption Codes

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code: [ ]

- 001 - Governmental Entity
- 006 - NRS 680B.020 Insurance Co.

**NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.**

NAME	TITLE(S)		
[ ]	MANAGING PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
[ ]	[ ]	[ ]	[ ]

NAME	TITLE(S)		
[ ]	MANAGING PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
[ ]	[ ]	[ ]	[ ]

NAME	TITLE(S)		
[ ]	MANAGING PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
[ ]	[ ]	[ ]	[ ]

NAME	TITLE(S)		
[ ]	MANAGING PARTNER		
ADDRESS	CITY	STATE	ZIP CODE
[ ]	[ ]	[ ]	[ ]

None of the managing partners identified in the list of managing partners has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a managing partner in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**X**  
\_\_\_\_\_  
**Signature of Managing Partner or Other Authorized Signature**

Title [ ] Date [ ]