Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073

Statement of Qualification
of a Limited Liability Limited Partnership

Dear Sir or Madam:

Attached please find a form for a Statement of Qualification of a Limited Liability Limited Partnership to be filed in accordance with Section 17-214 of the Limited Partnership Act of the State of Delaware and Section 15-1001 of the Revised Uniform Partnership Act of the State of Delaware. The fee to file the Certificate is $300 per partner. You will receive a stamped "Filed" copy of the submitted document. A certified copy may be requested for an additional $50. Expedited services are available. Please contact our office concerning these fees or you may consult our fee chart at corp.delaware.gov. Checks should be made payable to "Delaware Secretary of State".

An Annual Report must be filed by the limited liability limited partnership by June 1 of each year following the calendar year in which their Statement of Qualification becomes effective. Filing fees for the annual report are $300 per partner.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type the name of the person signing under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

rev. 8/2026

Special Instructions – Statement of Qualification of a Limited Liability Limited Partnership

This form is to be used as a Template only. The following instructions will help you in correctly completing your Statement of Qualification. The instructions are numbered to correspond with the article being referenced.

1. *The name of the limited liability limited partnership exactly as you wish it to appear in our records. Please visit our website to verify the availability of the name. The name of the limited liability limited partnership must contain as the last words or letters of its name the words "Limited Liability Limited Partnership" or the abbreviation "L.L.L.P." or the designation "LLLP".*
2. *Set forth the complete name and street address of the registered agent located in Delaware you are appointing to accept service of process for the limited liability limited partnership.*
3. *List the exact number of partners of the limited liability limited partnership at the time of the effectiveness of the statement of qualification.*
4. *Statement, required by 15-1001(c)(4) and 17-214(b)(3), that the partnership elects to be a limited liability limited partnership; no action required.*

Execution Block - *The document must be signed by a general partner of the limited liability limited partnership pursuant to Section 17-214(b)(1) of Title 6, Chapter 17. The name of the person must be typed or written legibly underneath the signature.*

This form contains the basic information required by statute; if you need to add additional information permitted by statute you may draft a new document. Please feel free to call our office at 302-739-3073 for assistance in completing this form or visit our website at corp.delaware.gov.

Sincerely,
Delaware Division of Corporations

STATE OF DELAWARE
STATEMENT OF QUALIFICATION
OF LIMITED LIABILITY LIMITED PARTNERSHIP

The undersigned general partner, desiring to form a limited liability limited partnership pursuant to the Limited Partnership Act of the State of Delaware and the Revised Uniform Partnership Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability limited partnership is_____ _____ .

2. The Registered Office of the limited liability limited partnership in the State of Delaware is located at _____(street), in the City of _____, Zip Code_____. The name of the Registered Agent at such address upon whom process against this limited liability limited partnership may be served is _____.

3. The number of partners of the limited liability limited partnership is _____.

4. The limited partnership elects to be a limited liability limited partnership.

By:_____
Name of General Partner

Signature:_____

Name:_____
Print or Type

Title:_____