

**Delaware Division of Corporations
401 Federal Street – Suite 4 Dover,
DE 19901 Ph: 302-739-3073 Fax:
302-739-3812**

**Statement of Qualification of
Limited Liability Partnership**

Dear Sir or Madam:

Enclosed is the Statement of Qualification of a Delaware Limited Liability Partnership to be filed in accordance with the Limited Liability Partnership Act of the State of Delaware. The fee to file the Certificate is \$200.00 per partner. Please make your check payable to "Delaware Secretary of State".

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 your name 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

encl. rev.
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**STATE OF DELAWARE
STATEMENT OF QUALIFICATION**

1. The name of the limited liability partnership is

2. The address of its registered office in the State of Delaware is

in the city of _____, Zip Code _____.

The name of the registered agent is _____.

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

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

5. The effective date of this Statement of Qualification is _____.

IN WITNESS WHEREOF, the undersigned have executed this Statement of Qualification this _____ day of _____, _____ A.D.

By: _____
Authorized Person or Partner

Name: _____
Type or Print