

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

**Statement of Qualification  
of Foreign Limited Liability Partnership**

Dear Sir or Madam:

Attached please find a form for a Statement of Qualification of a Foreign Limited Liability Partnership to be filed in accordance with Section 15-1102 of the Revised Uniform Partnership Act of the State of Delaware. A **Certificate of Existence**, dated within six months prior to the filing of the Statement of Qualification, from the foreign limited liability partnership's jurisdiction of formation must be submitted with the Statement of Qualification. The fee to file the Statement is \$200 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 [www.corp.delaware.gov](http://www.corp.delaware.gov). Please make the check payable to "Delaware Secretary of State".

An Annual Report must be filed by the foreign limited liability partnership by June 1 of each year following the calendar year in which their Statement of Qualification becomes effective. Filing fees for the report are \$200 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

## Special Instructions – Statement of Qualification of a Foreign Limited Liability 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 under which the foreign limited liability partnership is registered in their jurisdiction of formation. If the name does not end with “Registered Limited Liability Partnership”, “Limited Liability Partnership”, the abbreviation “R.L.L.P.” or “L.L.P.” or the designation “RLLP” or “LLP” then one of these indicators must be added to the end of the name. Please visit our website to verify name availability.*
- 2. The jurisdiction of formation must be listed.*
- 3. List the complete name and street address of the registered agent located in Delaware you are appointing to accept service of process for the foreign limited liability partnership.*
- 4. List the number of partners in the foreign limited liability partnership.*

**Execution Block** - *The document must be signed by an authorized person or partner of the foreign limited liability partnership pursuant to Section 15-105 of Title 6, Chapter 15. The name of the person must be typed or written legibly underneath the signature.*

**PLEASE NOTE:** *The completed registration certificate must be accompanied by a **Certificate of Existence**, dated within 6 months prior to the filing of this certificate, from the foreign limited liability partnership’s jurisdiction of formation. If such certificate is in a foreign language an English translation must be attached.*

*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.*

*Sincerely,*

*Delaware Division of Corporations*

**STATE OF DELAWARE  
STATEMENT OF QUALIFICATION OF A  
FOREIGN LIMITED LIABILITY PARTNERSHIP**

The foreign limited liability partnership hereby certifies as follows:

1. The name under which the foreign limited liability partnership is registering in the State of Delaware is
  
2. The foreign limited liability partnership was formed under the laws of
  
3. The Registered Office of the foreign limited liability 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 foreign  
limited liability partnership may be served is
  
4. The number of partners in the foreign limited liability partnership is

By:

Authorized Partner/Person

Name:

Print or Type