



JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Please return the approval certificate to:

Name:

(Individual or Business Name)

To the attention of:

(If necessary)

Address:

City:

State:

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** For the purpose of advising as to the acceptability of the proposed filing, a form that is to be submitted at a later date for processing may be submitted for examination for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Form 535 Prescribed by:

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Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

Statement of Domestic Qualification (Limited Liability Partnership) Filing Fee: \$99 (105-PLL) Form Must Be Typed

Complete this section only if an existing partnership or limited partnership, previously registered in our office is filing this form to become a limited liability partnership.

If a pre-existing limited partnership registered with the secretary of state elects to become a limited liability partnership, provide the registration number of the pre-existing limited partnership.

Registration Number

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a limited liability partnership, provide the registration number.

Registration Number

All registrants must complete the remainder of the form to create a new LLP, or if you have provided a registration number above and you wish to have your pre-existing partnership or limited partnership become a LLP.

Name of Partnership

Name must include one of the following phrases or abbreviations: "registered limited liability partnership," "registered partnership having limited liability," "limited liability partnership," "R.L.L.P.," "P.L.L.," "L.L.P.," "RLLP," "PLL," or "LLP."

Effective Date
(Optional)

Date

(The status of the partnership or limited partnership as a limited liability partnership begins upon the filing of the statement or on a later date specified.)

Address of the partnership's chief executive office

Mailing Address

City

State

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City

State

ZIP Code

If the partnership **does not** have an office in Ohio, provide the name and address of the partnership's agent for service of process

Name of Agent

Mailing Address

City

State

ZIP Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Instructions for Statement of Domestic Qualification

This form should be used to qualify as a domestic limited liability partnership pursuant to Ohio Revised Code §1776.81.

If a limited partnership that is registered with the secretary of state is qualifying to become a limited liability partnership, the limited partnership's registration number must be provided. When the limited partnership becomes a limited liability partnership, it will not be given a new registration number. It will use the same registration number previously assigned to the limited partnership pursuant to Ohio Revised Code §1782.64.

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a limited liability partnership, the partnership's registration number must be provided when the partnership becomes a limited liability partnership. It will not be given a new registration number. It will be the same registration number previously assigned to the partnership.

Name of Partnership

The name of the partnership must be provided. Pursuant to Ohio Revised Code §1776.82, the name of a limited liability partnership shall contain "registered limited liability partnership," "registered partnership having limited liability," "limited liability partnership," "R.L.L.P.," "P.L.L.," "L.L.P.," "RLLP," "PLL," or "LLP."

Address of Partnership

The partnership must provide the address of the chief executive office and that of one office in Ohio, if an Ohio office exists. If the chief executive office is located in Ohio, provide only that address.

Appointment of Agent

If the partnership does not have an office in Ohio, the limited liability partnership must provide the name and address of an agent for service of process. The agent of a limited liability partnership for service of process must be one of the following: (1) an individual who is a resident of Ohio or (2) a corporation (for-profit or nonprofit), business trust, estate, trust, partnership, limited liability company, association, joint venture, government, governmental subdivision, agency, or instrumentality, or any other legal or commercial entity in its own or any representative capacity, in each case whether domestic or foreign, authorized to do business in Ohio.

Effective Date

An effective date may be provided but is not required. The partnership or limited partnership becomes a limited liability partnership begins upon filing of the statement of qualification or on a later date specified in the statement.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

After completing all information on the filing form, please make sure that the form is signed by an authorized representative of the limited liability partnership.

****Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**