

DO NOT STAPLE

Sec. 178.40
Wis. Stats.

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



**DOMESTIC OR FOREIGN
LIMITED LIABILITY PARTNERSHIP REGISTRATION STATEMENT**

1. Name of the partnership (see instructions)

Contingent statement The partnership's name does not satisfy sec. 178.42 of the Wisconsin Statutes, and the partnership proposes to register under the following fictitious name:

2. Mailing address of its principal office	3. This document was drafted by (Name the individual who drafted the document)
4. Name of registered agent	5. Street address of registered office in Wisconsin

6. Select and mark (X) the appropriate choice below:

The partnership is formed under the laws of Wisconsin

OR

The partnership is a foreign limited liability partnership, formed and registered under the laws of the state of _____

7. Has the **foreign** limited liability partnership transacted business in Wisconsin after December 10, 1995 without filing a registration statement with the Department of Financial Institutions to obtain authority to transact business in this state? No Yes

If **yes**, state the period _____ and refer to item 9 for penalty fee.
(Period)

8. Additional information (Optional – May be scheduled)

9. Remit the appropriate **FILING FEE**, payable to Department of Financial Institutions

DOMESTIC limited liability partnership \$ 100.00	FOREIGN limited liability partnership
	Base fee \$ 100.00
	Penalty (if applicable) for transacting business without holding a certificate of registration <u>50.00</u>
	Total \$

10. The partnership submits this statement for the purpose of registering as a “registered limited liability partnership” or a “foreign limited liability partnership” under sec. 178.40, Wis. Stats.

11. _____ (Partner’s signature) _____ (Partner’s signature)
 _____ (Date executed) _____ (Typed or printed name) _____ (Typed or printed name)

(See instructions for authorized signatures)

INSTRUCTIONS (Ref. sec. 178.40, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **FILING FEE**, payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, address to 201 W. Washington Ave., Suite 300, Madison WI, 53703). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

For a DOMESTIC limited liability partnership, complete items 1 thru 6, and 9. For a FOREIGN limited liability partnership, complete items 1 thru 7, and 9.

- The name of a domestic limited liability partnership, or any fictitious name it may adopt, must contain the words “registered limited liability partnership,” “limited liability partnership” or the abbreviation “L.L.P.” or “LLP” as the last words or letters of its name. The name of a foreign limited liability partnership company shall contain the required words or abbreviations previously mentioned or other words or abbreviations as may be required or authorized by the state in which it is organized.

Contingent Statement is to be completed only if it is known or anticipated that the partnership’s name is not available for use in Wisconsin. The partnership may not register under a fictitious name unless its actual name is not available for use because it is indistinguishable from other entities on record with the Corporate & Consumer Services Division of the Department of Financial Institutions.

DOMESTIC OR FOREIGN LIMITED LIABILITY
PARTNERSHIP REGISTRATION STATEMENT

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Your **return address** and **phone number** during the day: () _____ - _____

INSTRUCTIONS (Cont'd)

2. Provide the mailing address of the limited liability partnership's principal office.
3. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.
- 4 & 5. The limited liability partnership must continuously maintain a registered agent and registered office within Wisconsin. It cannot name itself as its own registered agent. The address of the registered office must be a physical location. State the street number and name, city and ZIP code in Wisconsin.
6. Indicate if the limited liability partnership is formed under the laws of Wisconsin, or if not, the state under whose laws it is formed.
7. If the applicant is a **foreign** limited liability partnership, indicate whether or not the partnership has transacted business in Wisconsin without holding a certificate of registration. If "yes," indicate the period.
8. This item is provided for the insertion of any additional information the partnership may elect to include.
9. Determine the **FILING FEE** and remit the appropriate amount, payable to "Department of Financial Institutions."
10. This statement is required by sec. 178.40(1)(e).
11. The document is to be executed by one or more partners authorized by the partnership, or as otherwise provided in the partnership agreement.