



Arkansas Secretary of State

Mark Martin

1401 W. Capitol, Suite 250, Little Rock, AR 72201
501-682-3409 • www.sos.arkansas.gov

APPLICATION FOR CERTIFICATE OF AUTHORITY OF FOREIGN LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

I, _____, general partner of _____

_____ a Limited Partnership, do hereby submit the following statement in compliance with
ACT 15 of 2007, ACT 14 of 2009, and Arkansas Code Annotated § 4-47-902 providing for the registration of Foreign Limited Partnerships in the
State of Arkansas:

1. Name under which to conduct business in Arkansas: _____

2. Jurisdiction organized: _____ 3. Date of formation: _____

4. The general character of business to be transacted in the State of Arkansas is: _____

5. Registered agent information: (for service of process in Arkansas): Name: _____

Street Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

6. Principal office information: Street Address: _____

City, State, Zip: _____

Mailing Address: _____

City, State, Zip: _____

7. Provide name, street and mailing address of each general partner.

Name: _____ Street Address: _____

Mailing Address: _____

Name: _____ Street Address: _____

Mailing Address: _____

Name: _____ Street Address: _____

Mailing Address: _____

Attach additional pages if necessary.

8. A certificate of existence (or equivalent document) duly authenticated and certified by the proper authority must be attached.

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____.

Signature of General Partner

Printed Name of General Partner



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Annual Report – Contact Information

(PLEASE TYPE OR PRINT CLEARLY IN INK)

JURISDICTION (SELECT ONE)

Domestic Foreign

ENTITY TYPE (SELECT ONE)

Limited Partnership Limited Liability Limited Partnership

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

Entity name as used in Arkansas

Contact Person

Street Address or Post Office Box Number

City, State & Zip

Telephone Number

E-mail Address

NOTE: Annual Reports will be due on or before May 1st the year following filing or qualification in this state.

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Executed this _____ day of _____, _____.

Signature

Authorized Officer (Type or Print)