



State of Utah
 Department of Commerce
 Division of Corporations & Commercial Code
 Statement of Qualification (Limited Liability Partnership)

Important: Read instructions before completing form.

Non-Refundable Processing Fee: \$70.00

1. Limited Liability Partnership Name: <i>(see instructions for name requirements)</i>					
2. Principal office (street address):	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State</td> <td style="border: none;">Zip</td> </tr> </table>	Address	City	State	Zip
Address	City	State	Zip		
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent):					
<hr/> <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: _____ <div style="text-align: right; color: red; font-weight: bold; font-size: small;">Utah Street Address Required, PO Boxes can be listed after the Street Address</div> City: _____ State UT Zip: _____					
4. This partnership elects to become a Limited Liability Partnership.					
5a. Authorized Partner: (Partners are optional)	Name: _____ _____ Street Address _____ City _____ State _____ Zip _____				
5b. Authorized Partner: (Partners are optional) <i>Attach additional pages if needed to list more partners</i>	Name: _____ _____ Street Address _____ City _____ State _____ Zip _____				
6. Under penalties of perjury, I declare that this Certificate of Limited Liability Partnership has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.					
Signature: _____	Name & Title: _____				
7. Purpose of the Limited Liability Partnership: <i>(optional)</i>					
Under GRAMA {63G-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.					
Optional Inclusion of Ownership Information: This information is not required.					
Is this a female owned business?	Yes No				
Is this a minority owned business?	Yes No If yes, please specify:				