



# Application for Authorization - Foreign Limited Liability Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone:(503) 986-2200

**REGISTRY NUMBER:** \_\_\_\_\_

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME:**

**NOTE:** Must contain the words "Limited Liability Partnership" or the abbreviation "LLP" or "L.L.P." Must be identical to the name of record in home jurisdiction.

2) **STATE OR COUNTRY OF REGISTRATION:**

6) **BRIEF STATEMENT OF PRIMARY BUSINESS ACTIVITY:**

Date of Registration: \_\_\_\_\_

3) **REGISTRY NUMBER IN HOME JURISDICTION** \_\_\_\_\_

**OR: CERTIFICATE OF EXISTENCE**  **(ATTACHED)**

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online.

Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.

7) **NAME AND ADDRESS OF AT LEAST TWO PARTNERS:**

4) **ADDRESS OF PRINCIPAL OFFICE OF BUSINESS:**

5) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

8) **EXECUTION:** (At least one partner must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

Printed Name:

**CONTACT NAME:** (To resolve questions with this filing.)

**PHONE NUMBER:** (Include area code.)

## FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at [sos.oregon.gov/business](http://sos.oregon.gov/business) using the Business Name Search program.