

**Delaware Division of Corporations  
401 Federal Street – Suite 4  
Dover, DE 19901  
Ph: 302-739-3073**

**Statement of Qualification of  
Limited Liability Partnership**

Dear Sir or Madam:

Enclosed is the Statement of Qualification of a Delaware Limited Liability Partnership to be filed in accordance with the Limited Liability Partnership Act of the State of Delaware. The fee to file the Certificate is \$200.00 per partner. Please make your check payable to “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl. rev.  
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**STATE OF DELAWARE  
STATEMENT OF QUALIFICATION**

1. The name of the limited liability partnership is

\_\_\_\_\_

2. The address of its registered office in the State of Delaware is

\_\_\_\_\_

in the city of \_\_\_\_\_, Zip Code \_\_\_\_\_. The name of  
the registered agent is \_\_\_\_\_.

3. The number of partners of the limited liability partnership is \_\_\_\_\_

4. The partnership elects to be a limited liability partnership.

5. The effective date of this Statement of Qualification is \_\_\_\_\_.

**IN WITNESS WHEREOF**, the undersigned have executed this Statement of  
Qualification this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

By: \_\_\_\_\_  
Authorized Person or Partner

Name: \_\_\_\_\_  
Type or Print