

**FOREIGN
LIMITED PARTNERSHIP**

STATE OF MAINE

**APPLICATION FOR
CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS**

Filing Fee \$250.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §1412](#), the undersigned limited partnership executes and delivers the following Application for Certificate of Authority to Transact Business in the State of Maine:

FIRST: The proposed limited partnership name* to be used in this State:

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; see [31 MRSA §1308.1.A.2.](#))

SECOND: If the real limited partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is:

☐ Form [MLPA-5](#) accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §1415.1](#).

THIRD: Date of organization: _____

Jurisdiction of organization: _____

FOURTH: The street and mailing address of the foreign limited partnership's principal office is:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FIFTH: The street and mailing address of the foreign limited partnership's required office is: (Provide only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction.)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

SIXTH:

The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐

Commercial Registered Agent

CRA Public Number: _____

(name of commercial registered agent)

☐

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SEVENTH:

Pursuant to [5 MRSA §108.3](#), the registered agent as listed above has consented to serve as the registered agent for this limited partnership.

EIGHTH:

The name, street and mailing address of each general partner is:

Name

Address

☐

Names and addresses of additional general partners are attached as Exhibit ____, and made a part hereof.

NINTH:

Check only if applicable

☐

The foreign limited partnership is a limited liability limited partnership.

(If checked, the name in Item First must contain one of the following: "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP" and cannot contain the abbreviation of "L.P" or "LP"; see [31 MRSA §1308.1.A.3](#))

TENTH:

Check only if applicable

☐

This is a professional limited liability limited partnership** qualified pursuant to [31 MRSA §1354.4](#) to provide the following professional services: (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services)

(type of professional services)

ELEVENTH: This application is accompanied by a certificate of existence or a record of similar import signed by the Secretary of State or other official having custody of the limited partnership's publicly filed records in the state or other jurisdiction under whose law the foreign limited partnership is organized. The certificate of existence must have been made not more than 90 days prior to delivery of this application for filing.

Dated _____

General Partner(s) ***

(signature)

(type or print name)

For General Partner(s)* which are Entities**

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" ([31 MRSA §1308.1.A.2](#)). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

In addition to the requirements in Item Ninth, the name must contain one of the following: "chartered," "professional association" or "service" or the abbreviation "P.A.". In lieu of requirements in Item Ninth, the name must contain one of the following: "professional limited liability limited partnership" or abbreviation "PLLLP" or P.L.L.L.P., or "S.L.L.L.P". **Examples of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

***Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#))

The execution of this application constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- ☐ Hold for pick up
☐ Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
☐ Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person)

(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)