

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU  
CORPORATIONS DIVISION

APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

P							
---	--	--	--	--	--	--	--

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name and principal office address of the partnership is:

Note: the name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.

2. A brief statement of the business of the partnership:

3. TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY

a. Home state of partnership if located outside Michigan: \_\_\_\_\_

b. Name of registered agent to receive service of process in Michigan: \_\_\_\_\_

c. Address of the registered office in Michigan:

\_\_\_\_\_, Michigan \_\_\_\_\_

(Street Address) (City) (ZIP Code)

4. Federal Employer Identification Number if available:

		-							
--	--	---	--	--	--	--	--	--	--

5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Social Security Number (optional)

		-			-				
--	--	---	--	--	---	--	--	--	--

Signature

		-			-				
--	--	---	--	--	---	--	--	--	--

Signature

Date Received	FOR BUREAU USE ONLY

This registration expires one year from the "filed" date.

Preparer's Name \_\_\_\_\_

Business telephone number (       ) \_\_\_\_\_

- This form must be used to register a Limited Liability Partnership.
- Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
- The registration fee is \$100.00. Make remittance payable to the State of Michigan.
- This application shall be open to inspection by the public.

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs  
Corporations, Securities & Commercial Licensing Bureau  
Corporations Division  
P.O. Box 30054  
Lansing, MI 48909

To submit in person:

2501 Woodlake Circle  
Okemos, MI  
Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA or Mastercard when delivered in person to our office.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.