



Statement of Foreign Qualification (Foreign Limited Liability Partnership)

TO: OKLAHOMA SECRETARY OF STATE
2300 N Lincoln Blvd., Room 101, State Capitol
Oklahoma City, Oklahoma 73105-4897
(405) 522-2520

Check **one (1)** of the following statements, whichever is applicable:

- Initial Statement (\$100.00)** **Amended Statement (\$50.00)** **Cancelled Statement (\$50.00)**

I hereby execute the following articles for the purpose of filing a statement of foreign qualification on behalf of the foreign limited liability partnership named herein pursuant to the provisions of Title 54, Sections 1-1102 & 1-105d:

1. A) Legal name of the limited liability partnership:

B) If different from the legal name, the name under which the partnership will conduct business: (**Note:** The name **must** end with **Registered Limited Liability Partnership, Limited Liability Partnership, R.L.L.P., L.L.P., RLLP, or LLP.**)

2. A) **Street** address of the partnership's chief executive office:

Street Address	City	State	Zip Code
(P.O. BOXES ARE NOT ACCEPTABLE)			

B) **AND, if different**, street address of an office of the partnership in Oklahoma, if any:

Street Address	City	State	Zip Code
(P.O. BOXES ARE NOT ACCEPTABLE)			

3. If the partnership does not have an office in Oklahoma, the **NAME** and street address of the partnership's agent for service of process in the state of Oklahoma:

- ❖ The agent **must** be an individual resident of this state or a domestic or qualified Corporation, Limited Liability Company, Limited Partnership, or Limited Liability Partnership.

_____ **Oklahoma**

Name	Street Address	City	State	Zip Code
	(P.O. BOXES ARE NOT ACCEPTABLE)			

4. Deferred **future effective date**, if any: _____

5. Substance of amendment or cancellation, if applicable:

The statement of foreign qualification must be signed by at least two (2) partners.

- Signed this _____ day of _____, _____ by:

Signature of Partner: _____ Printed Name: _____

Signature of Partner: _____ Printed Name: _____