



Statement of Qualification

(Oklahoma 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 qualification on behalf of the Oklahoma limited liability partnership named herein pursuant to the provisions of Title 54, Sections 1-1001 & 1-105d:

1. Name of the limited liability partnership: (**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 <u>NOT</u> 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 <u>NOT</u> 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.

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

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

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

6. Substance of amendment or cancellation, if applicable:

The statement of 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: _____