



State of Utah
Department of Commerce
Division of Corporations & Commercial Code
Statement of Qualification (Limited Liability Partnership)

Important: Read instructions before completing form.

Non-Refundable Processing Fee: \$22.00

1. Limited Liability Partnership Name: (see instructions for name requirements)			
2. Principal office (street address):			
		Address	City State Zip
3. The name of the Registered Agent (Individual or Business Entity or Commercial Registered Agent): _____ <i>The address must be listed if you have a non-commercial registered agent. See instructions for further details.</i> Address of the Registered Agent: _____ City: _____ State UT Zip: _____ Utah Street Address Required, PO Boxes can be listed after the Street Address			
4. This partnership elects to become a Limited Liability Partnership.			
5a. Authorized Partner: (Partners are optional)	Name: _____		
	Street Address _____		
	City _____ State _____ Zip _____		
5b. Authorized Partner: (Partners are optional) <i>Attach additional pages if needed to list more partners</i>	Name: _____		
	Street Address _____		
	City _____ State _____ Zip _____		
6. Under penalties of perjury, I declare that this Certificate of Limited Liability Partnership has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Signature: _____ Name & Title: _____			
7. Purpose of the Limited Liability Partnership: (optional) Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, you may use the business entity physical address rather than the residential or private address of any individual affiliated with the entity.			
Optional Inclusion of Ownership Information: This information is not required. Is this a female owned business? Yes No Is this a minority owned business? Yes No If yes, please specify:			