



Vermont Secretary of State
STATEMENT OF QUALIFICATION
 of a Limited Liability Partnership (Domestic or Foreign)

PLEASE RETURN EVIDENCE OF FILING TO: (Name and Address)

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PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE BEGINNING.

1. BUSINESS NAME: *REQUIRED* _____

2. BUSINESS PURPOSE: *OPTIONAL- STATEMENT OR [NAICS CODE](#) (PREFERRED) OF PRIMARY GOODS OR SERVICES TO BE PROVIDED UNDER THIS BUSINESS NAME*

3. JURISDICTION OF FORMATION: *FOREIGN LLP ONLY: US STATE OR NON-US COUNTRY* _____

4. BUSINESS LOCATION(S) OF PARTNERSHIP: *REQUIRED*

a. Principle Office: *REQUIRED*

(1) Physical Address: *NO PO BOX* _____

City/Town: _____ State: _____ ZIP: _____ - _____

(2) Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

b. Office in Vermont: *REQUIRED-IF THE PRINCIPLE OFFICE IS NOT LOCATED IN VERMONT*

(1) Physical Address: *NO PO BOX* _____

City/Town: _____ State: **VT** ZIP: _____ - _____

(2) Mailing Address: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

5. INITIAL REGISTERED AGENT and OFFICE FOR SERVICE OF PROCESS: *REQUIRED*

a. **Registered Agent:** _____

Mailing Address: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

E-Mail Address: _____

b. **Registered Office** *REGISTERED AGENT'S PHYSICAL BUSINESS ADDRESS:*

Street Address: *NO PO BOX* _____

City/Town: _____ State: **VT** ZIP: _____ - _____



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6. PARTNERS: REQUIRED – LIST ALL CURRENT PARTNERS

a. Name: _____	b. Name: _____
Address: _____	Address: _____
_____	_____
E-Mail Address: _____	E-Mail Address: _____

CHECK IF APPLICABLE:

☐ This partnership now has more than 2 partners. *MUST ATTACH A COMPLETE LIST OF ADDITIONAL PARTNERS.*

7. EFFECTIVE DATE: OPTIONAL _____.

EFFECTIVE DATE MAY BE POST-DATED UP TO 90 DAYS FROM DATE

CERTIFICATION OF STATEMENT: REQUIRED

I/We hereby certify, under penalty of perjury (11 V.S.A. § 3205(c)), as the partners or authorized filers, that the above information is accurate, a copy of this statement has been provided to each partner who's signature does not appear below, and that this statement is provided in duplicate to the secretary of state with a Check or Money Order made payable to "VT SOS" in the amount of \$75.00 (Vermont LLP) or \$100.00 (non-Vermont LLP).

_____ Printed Name of Partner or Filer	_____ Signature	_____ Date
_____ Printed Name of Partner or Filer	_____ Signature	_____ Date

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SUBMISSION INSTRUCTIONS

- a. *This form* must be filed in duplicate (1 original + 1 copy --or-- 2 originals) with a check or money order, payable to "VT SOS," in the amount of \$75.00, and a self-addressed stamped envelope.
- b. *This form* can **ONLY** be accepted by Mail or In-person at:

**Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104**

- c. Please allow 7-10 business days, or more, from the day that *this form* received in our office, for processing and (if approved) for this business appear on the website at www.vtsosonline.com, and for evidence of filing to be returned.

*****THIS FILING IS NOW AVAILABLE ONLINE*****

- *This form* CANNOT be accepted by Phone, Fax, or E-mail; however, this filing is now available online:
 - If you wish to submit this filing electronically, **DO NOT** fill out *this form*, please file online at <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Payment for *this form* also CANNOT be accepted by credit card or e-check (ACH); however:
 - If you wish to submit payment by credit card or e-check (ACH), **DO NOT** fill out *this form*, please file online at <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Online filing normally takes 3-5 business days or less.

FORM INSTRUCTIONS

- General 1.** Information on this application must be current as of the date this application is filed on behalf of the LLP.
- General 2.** All required information must be provided. If not, the secretary of state will promptly notify the reporting LLP in writing and return this filing to it for correction. If this filing is corrected to contain the information required and delivered to the secretary of state within 30 days after the effective date of notice, it is deemed to be timely filed.
- General 3.** If this statement names an agent, the agent will maintain a list of the names and mailing addresses of all of the partners and make it available to any person on request for good cause shown. ([11 V.S.A. § 3223\(b\)](#)).
- Line 1.**
- a. The name of a limited liability partnership must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP." ([11 V.S.A. § 3292\(a\)](#))
- b. An LLP's name, based upon the records of the secretary of state, shall be distinguishable from, and not the same as, deceptively similar to, or likely to be confused with or mistaken for any name granted, registered or reserved under this chapter, or the name of any other entity, whether domestic or foreign, that is granted, reserved or registered by or with the secretary of state. ([11 V.S.A. § 3292\(b\)](#)) Please see <http://www.sec.state.vt.us/seek/keysrch.htm> to check availability of desired name(s).
- c. In the event that the name of the foreign LLP does not satisfy the requirements of [11 V.S.A. § 3292](#), the foreign LLP shall use an available trade name to transact business in this state if it delivers to the secretary of state for filing a copy of the statement executed by at least two partners adopting the trade name (FORM NAME -1a);
- Line 4a.**
- (1) The street address of the partnership's principal office and, if different
- (2) The address of an office of the partnership in Vermont, if any.
- Line 4b.**
- (1) If there is no office of the partnership in Vermont, partnership must provide the name and street address of the partnership's agent for service of process.
- (2) The agent of a foreign limited liability partnership for service of process must be an individual who is a resident of this state or other person authorized to do business in this state.
- Line 5.** If an Agent is designated in Line 3, The names and addressees of the partners are not required to be disclosed in this statement. ([11 V.S.A. § 3223\(a\)\(1\)\(C\)](#))
- Line 6.** Must be signed by either (1) the Agent Designated in Block 3, or (2) two of the partners listed in Block 4 ([11 V.S.A. § 3205 \(c\)](#)).

For Questions, Contact Corporations Division at:

corps@sec.state.vt.us or by phone at (802) 828-2386