



PAUL D. PATE
Secretary of State
State of Iowa

**STATEMENT OF QUALIFICATION
OF LIMITED LIABILITY
PARTNERSHIP**

Pursuant to section 486A.1001 of the Iowa Uniform Partnership Act, the undersigned partnership files its **Statement of Qualification** as follows:

1. (a) The name of the partnership: _____

(b) The name of the limited liability partnership*: _____

*Note: The name must end with "Registered Limited Liability Partnership", "Limited Liability Partnership", or the abbreviation "R.L.L.P.", "L.L.P.", "RLLP", or "LLP".

2. The street address of the partnership's chief executive office:

_____ street _____ city _____ state _____ zip

3. The street address of an office in this state, if any. [If different than #2]:

_____ street _____ city _____ state _____ zip

4. Registered Agent and Registered Office**

(a) The name of the registered agent for service of process in Iowa:

(b) The address of the registered office:

**Required by Iowa Code section 486A.1211.

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

6. The deferred effective date*** (and time), if any, is _____, _____, _____; (_____) (_____)
month day year time am/pm

***A delayed effective date shall not be later than the ninetieth day after the date filed.

7. **Signature by authorized partner(s):** The statement shall be executed by one or more partners authorized to execute this statement on behalf of the partnership.

_____/_____/_____
signature name capacity in which signing

_____/_____/_____
signature name capacity in which signing

_____/_____/_____
signature name capacity in which signing

NOTES:

- 1. The filing fee is \$50.00. Make checks payable to SECRETARY OF STATE
- 2. The information you provide will be open to public inspection under Iowa Code chapter 22.11.

SECRETARY OF STATE
Business Services Division
Lucas Building, 1st Floor
Des Moines, IA 50319
Phone: (515) 281-5204
FAX: (515) 242-5953
Website: sos.iowa.gov