Statement of Qualification

(Oklahoma Limited Liability Partnership)

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th Suite 210
Oklahoma City, Oklahoma 73103
(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 NOT ACCEPTABLE)

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

Oklahoma
_____

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. 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: _____

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)