

## **Business Entities Submission Cover Sheet**

For fastest service, file online at <u>bizfileOnline.sos.ca.gov</u>.

## Instructions:

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all checks or money orders payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit <u>www.sos.ca.gov/business/be/processing-dates</u>.
- To obtain a certified copy, include certification fees with your submission.

## Note: All correspondence related to your submission will be sent to the name and address on your check or money order.

## Contact Person (Please type or print legibly):

First Name:	Last Name:		
Phone Number:	Email:		
Entity Information (Please type or print legibly):			
Entity Name:			
Entity Number (if applicable):			
Comments:			

LLP-1	Application to Register a Limited Liability Partnership (LLP)		
To register along with:	an LLP in California, fill out this form, and submit for	filing	
– A \$70 fil	ing fee, and		
standing	P is formed in another state or country, a certificate of , issued within the last six (6) months by the agency w is formed.		
	ate, non-refundable <b>\$15</b> service fee also must be incluion off the completed form.	ided,	
Attach extra	a pages if you need to include any other matters.		
yearly tax	LLPs in California may have to pay a minimum to the California Franchise Tax Board. For , go to <u>https://www.ftb.ca.gov</u> .	more	s Space For Office Use Only
	For questions about this form, go to: <u>www.so</u>	s.ca.gov/business/be/fi	ling-tips.
_	e used for this LLP in California		
① Propo	sed LLP Name The na	ame <b>must</b> end with: "Registe	ered Limited Liability Partnership,"
	"Limite	d Liability Partnership," "L.L.F	P.," "LLP," "R.L.L.P.," or "RLLP."
Place of F			
	P is registering as a <i>(check only one box)</i> :		
	California registered LLP formed under the laws of Califo Foreign LLP formed under the laws of		
Б. Ц	List the sta	ate or country where the forei	gn LLP is formed.
LLP Addro	esses		
За	reet Address of Principal Office		
	·	City (no abbreviations)	State Zip
b <i>M</i> a	ailing Address of Principal Office, if different from 3a	City (no abbreviations)	State Zip
Service of Process (List a California resident or an active <u>1505</u> corporation in California that agrees to be your agent to accept service of process in case the LLP is sued. You may list any adult who lives in California. You may <b>not</b> list an LLP as your agent.)			
b	ent's Street Address (if agent is <b>not</b> a corporation)		СА
Ag	ent's Street Address (if agent is <b>not</b> a corporation)	City (no abbreviations)	State Zip
Type of B	usiness		
$\bigcirc$ The business in which the LLP is engaged is <i>(check only one box)</i> :			
	<ul> <li>The practice of Architecture</li> <li>The practice of Engineering</li> <li>The practice of Law</li> <li>The practice of Public Accountancy</li> </ul>		
	elated to: List the name of the LLP to which your LLP is related, e. of State A related LLP is a California registered LLP th		
of State. A related LLP is a California registered LLP that practices public accountancy or law, or is a foreign LLP. <b>Read and sign below:</b> This form must be signed by one or more authorized partners, or if registering a foreign LLP, by a person with authority to do so under the laws of the state or country where the foreign LLP is formed. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this registration.			
Sign here	Print yo	ur name here	Your business title
Make check/money order payable to: Secretary of State Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.			

LLP-3	Alternative Security Provision of a Limited Liability Partnership (LLP)		
California	n compliance with the alternative security provisions of Corporations Code section 16956, fill out this form, and filing along with:		
	iling fee. Note: There is no filing fee if you are submitting this LP-3 together with your Application to Register (Form LLP-1).		
•	rate, non-refundable <b>\$15</b> service fee also must be included, <b>if</b> op off the completed form.		
<b>Do I have to file this form?</b> If the LLP chooses to comply with the alternative security provisions discussed in Item 5 below, you must file this form with the California Secretary of State each year within 4 months of the end of the LLP's fiscal year.		This Space For Office Use Only	
For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.			
		Name (on file with CA Secretary of State)	
If you don't know the file number, leave Item 1 blank.			
④ LLP	Address		
street	address of principal office city (no	abbreviations) state zip	
Statement Pursuant to Section 16956 (Should not be altered.)			
The registered or foreign LLP chooses to satisfy the requirements of California Corporations Code section 16956 by confirming, pursuant to section 16956(a)(1)(D), 16956(a)(2)(D), 16956(a)(3)(D) or 16956(a)(4)(D) and 16956(c), that as of the most recently completed fiscal year, the LLP had a net worth equal to or exceeding fifteen million dollars (\$15,000,000) in the case of an LLP providing legal services, or ten million dollars (\$10,000,000) in the case of an LLP providing legal services, engineering services, or land surveying services.			
<b>6 Read and sign below:</b> This form must be signed by an authorized person.			
Sign h	re	Date	
Print yo	ur name here	Yourbusiness title	
Make check/money order payable to: Secretary of State Upon filing, wewill return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.			