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FORM UPA-1102
January 2008

Illinois Uniform Partnership Act
Statement of Foreign Qualification

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756

217-785-8960
www.cyberdriveillinois.com

Submit in duplicate. Please type or print clearly.

Payment must be made by certified check, cashier's check, money order, Illinois attorney's check or Illinois C.P.A.'s check.

This space for use by Secretary of State.

Date:
Assigned File #:
Filing Fee: $500
Approved:

Federal Employer Identification Number (F.E.I.N.) _____
(Required to File)

1. Partnership Name: _____
(Name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P." or "L.L.P." or "RLLP" or "LLP.")

2. State of Jurisdiction: _____

3. Address of Chief Executive Office:

_____
Street Address (Must be a street address. P.O. Box alone is unacceptable.)

_____
City, State, ZIP, County

4. If different from Address in #3, Street Address of an Office in this State, if any:

_____

_____

5. Registered Agent's Name and Registered Office Address: (must be an Illinois resident or company)

Registered Agent: _____
First Name Middle Initial Last Name

Registered Office: _____
Number Street Suite #

_____
City ZIP County

6. Brief Statement of the Business in which the Partnership Engages: _____

_____

_____

_____

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7. Total Number of Partners: _____
(Illinois Partners)

8. Names and Mailing Addresses of all Partners:

_____
Name, Street Address, City, State, ZIP

_____
Name, Street Address, City, State, ZIP

_____
Name, Street Address, City, State, ZIP

9. The partnership hereby applies for foreign qualification status as a Limited Liability Partnership.

10. Registration application is effective on (check one):
❏ a) the filing date
❏ b) another date later than but not more than 60 days subsequent to the filing date: _____
Month, Day, Year

11. This application is accompanied by a Certificate of Good Standing (within the last 30 days), as well as a certified copy of the original LLP registration from the domicile state or country wherein the LLP is formed.

12. We declare, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by at least two partners.
Day Month Year

Signature	Number, Street Address
Name and Title (type or print)	City, State, ZIP
Signature	Number, Street Address
Name and Title (type or print)	City, State, ZIP

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Please submit this form in duplicate along with the $500 filing fee.
Signatures must be in BLACK INK on an original document.

For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.

Printed by authority of the State of Illinois. September 2009 - 200 - UPA 13.4