PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Application for Registration - Foreign

(15 Pa.C.S.)

Entity Number

____ Registered Limited Liability General Partnership (§ 8211)
____ Registered Limited Liability Limited Partnership (§ 8211)
____ Limited Partnership (§ 8582)
_X_ Limited Liability Company (§ 8981)

Name

Address

City State Zip Code

Document will be returned to the name and address you enter to the left.

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Fee: $250

Filed in the Department of State on _____

Secretary of the Commonwealth

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In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:

2. *(If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):*

   The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:

   Jurisdiction:_____ Date of Formation:_____.

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

   (a) Number and street City State Zip County

   (b) Name of Commercial Registered Office Provider County

5. *Check and complete one of the following:*

____ The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

Number and street City State Zip

____ It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

Number and street City State Zip

6. *For Restricted Professional Limited Liability Company Only*. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following professional service(s):~~

Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8

7. The name and business address of each general partner.

Name Business Address

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

Number and street City State Zip County

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

_____ day of_____,_____.

Name of Partnership/Company

Signature

Title

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