DO NOT STAPLE

Print Reset

FORM UPA-1001
April 2010

Illinois Uniform Partnership Act
Statement of Qualification

FILE #:

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

217-524-8008
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:
Filing Fee: $
Approved:

This space for use by Secretary of State.

legalzoom.com® SAMPLE

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.," "L.L.P." or "RLLP.," "LLP")

2. Address of Partnership's Chief Executive Office: _____

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

_____
City, State, ZIP

3. If different from address in number 2, the street address of an office in this state, if any:

_____

_____

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

Registered Agent: _____
First Name Middle Initial Last Name

Registered Office: _____
Street Address City/ZIP

5. Filing Fees: Filing fee per partner: $100

Number of partners: _____

Total filing fee: $ _____

Fees: $100 for each partner, but not less than $200 or more than $5,000.
(Minimum of two partners.)

Printed on recycled paper. Printed by authority of the State of Illinois. June 2010 – 200 – UPA 12.4

6. Total Number of Partners: _____

7. 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

8. Brief statement of the business in which the partnership engages:

_____

_____

9. The Partnership hereby applies for 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. 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

Please submit this form in duplicate along with $100 for each partner, but not less than $200 or more than $5,000, minimum two partners.

Signatures must be in BLACK INK on an original document.
Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copy.
For additional space, continue in the same format on a plain white 8.5x11" sheet of paper.

legalzoom.com®
SAMPLE

Printed on recycled paper. Printed by authority of the State of Illinois. June 2010 – 200 – UPA 12.4