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Statement of Registration to Register as a Limited Liability Partnership

filed pursuant to § 7-60-144 or § 7-64-1002 of the Colorado Revised Statutes (C.R.S.)

1. The name that has been the true name of the domestic partnership is
WXYZ, LLP.

2. The domestic entity name of the limited liability partnership is
WXYZ, LLP.
(The name of a limited liability partnership must contain the term or abbreviation "limited liability partnership", "registered. liability partnership", "limited", "llp", "l.l.p.", "rllp", "r.l.l.p." or "ltd.". See §7-90-601, C.R.S.)

*(**Caution:** The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The principal office address of the limited liability partnership's principal office is

Street address
1234 Main Street
(Street number and name)

[City] *(City)* [State] *(State)* [Zip] *(ZIP/Postal Code)*
(Province – if applicable) United States *(Country)*

Mailing address
(**leave blank** if same as street address)
(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*
(Province – if applicable) *(Country)*.

4. The registered agent name and registered agent address of the limited liability partnership's registered agent are

Name
(if an individual)
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity)
WXYZ, Inc.
*(**Caution:** Do not provide both an individual and an entity name.)*

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Street address

1234 Main Street
(Street number and name)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

Mailing address
(**leave blank** if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*.

(The following statement is adopted by marking the box.)

☑ The person appointed as registered agent has consented to being so appointed.

5. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

☐ This document contains additional information as provided by law.

6. *(**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing the document to be delivered for filing are

Doe John
(Last) *(First)* *(Middle)* *(Suffix)*

1234 Main Street
(Street number and name or Post Office Box information)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) United States.
(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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