This form is designed to be filled out online for your convenience. Please read the instructions carefully. Complete the necessary information, print, sign and mail.

Print Reset

State of Missouri

Robin Carnahan, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Application for Registration of a Limited Liability Partnership

(See instructions for filing fees)

The undersigned partners, for the purpose of forming a registered limited liability partnership, state the following:

(☑) Original filing (☐) Renewal Registration number: _____

1. The name of the registered limited liability partnership is

   WXYZ Services, LP

   (*The name shall contain the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P." or the designation "LLP" as the last words or letters of its name.*)

2. The name and address (including, street, city and zip code) of the initial registered agent in this state is:

   1234 Main Street, Birmingham, AL 35201

   (*PO Box may only be used in conjunction with a physical street address*)

3. Number of partners: 2

4. Brief statement of partnership's business:

   Retail

5. Other information (optional):

6. This application has been executed by a majority of the partners or by one or more partners authorized by a majority in interest of the partners.

   By:

   John Doe
   Ann Doe

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

John Doe

Authorized Signature *Printed Name* *Date*

Name and address to return filed document:

Name: LegalZoom.com, Inc.

Address: 9900 Spectrum Drive

City, State, and Zip Code: Austin, TX 78717

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