State of North Carolina
Department of the Secretary of State

APPLICATION FOR REGISTRATION
Registered Limited Liability Partnership

Pursuant to §59-84.2 of the General Statutes of North Carolina, the undersigned hereby submits this application for registration as a Registered Limited Liability Partnership.

1. The name of the partnership is: WXYZ Services, LLP
(The name must contain the words "Registered Limited Liability Partnership," "Limited Liability Partnership, or the abbreviation "L.L.P.," "R.L.L.P.," "LLP," or "RLLP".)

2. The street address of the partnership's principal office is:

Number and Street 1234 Main Street

City, State, Zip Code Charlotte, NC 28201 County Mecklenburg

The mailing address, ***if different from the street address,*** of the partnership's principal office is:

_____

3. The name of the initial registered agent is: John Doe

4. The street address and county of the initial registered office of the limited liability partnership is:

Number and Street 1234 Main Street

City, State, Zip Code Charlotte, NC 28210 County Mecklenburg

5. The mailing address, ***if different from the street address,*** of the initial registered office is:

_____

6. The fiscal year end of the partnership December 31st

7. This registration will be effective upon filing, unless a date and/or time is specified: _____

This the 01 day of January, 20 11.

_____

_____
Signature

John Doe, Partner
Type or Print Name and Title

NOTES:
Filing fee is $125. This document must be filed with the Secretary of State.

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