# STATE OF SOUTH CAROLINA
# SECRETARY OF STATE

## APPLICATION TO BECOME
## A SOUTH CAROLINA
## REGISTERED LIMITED LIABILITY PARTNERSHIP

**TYPE OR PRINT CLEARLY IN BLACK INK**

The following partnership applies for the status of a registered limited liability partnership pursuant to Section 33-41-1110 of the 1976 South Carolina Code of Laws, as amended. This registration is effective only for one year.

1. The name of the registered limited liability partnership is WXYZ Services, LLP _____.

   (Section 33-41-1120 of the 1976 South Carolina Code of Laws, as amended, requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership or the abbreviation "L.L.P." as the last words or letters of its name.)

2. The business in which the registered limited liability partnership engages is

   Retail _____.

   (Provide only a brief statement)

3. The street address of the initial registered office of the registered limited liability partnership is

   1234 Main Street
   Street Address

   Charleston, SC 24949
   City County State Zip Code

   and the initial registered agent of the limited liability partnership at that office is _____

   John Doe
   Print Name

I hereby consent to the appointment as registered agent.

_____
Agent's Signature

(Section 33-41-1110(A) of the 1976 South Carolina Code of Laws, as amended, requires that this office be maintained.)

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WXYZ Services, LLP

**Name of Limited Liability Partnership**

4. If the registered limited liability partnership's principal office is not located in South Carolina, specify the address of the principal office:

_____
Street Address

_____
City County State Zip Code

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:_____

_____

6. The registered limited liability partnership has the following number of partners 2

7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 South Carolina Code of Laws, as amended, which are required of it to be a registered limited liability partnership. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date _____

_____
Signature

John Doe
Type or Print Name

_____
Signature

Jane Doe
Type or Print Name

_____
Signature

_____
Type or Print Name

_____
Signature

_____
Type or Print Name

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**NOTE**

THIS REGISTRATION IS EFFECTIVE FOR ONE YEAR AFTER THE DATE IT IS FILED UNLESS: REGISTRATION AS A REGISTERED LIMITED LIABILITY PARTNERSHIP IS RENEWED; IF DURING THE SIXTY DAY PERIOD PRECEDING THE DATE THE APPLICATION WOULD OTHERWISE EXPIRE, THE PARTNERSHIP FILES WITH THE SECRETARY OF STATE A RENEWAL APPLICATION. A RENEWAL APPLICATION EXPIRES ONE YEAR AFTER THE DATE AN ORIGINAL APPLICATION WOULD HAVE EXPIRED IF THE LAST RENEWAL OF THE APPLICATION HAD NOT OCCURRED.

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THAT NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

WXYZ Services, LLP

**Name of Limited Liability Partnership**

## FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.

2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk, which will allow for expansion of space on the form.

3. The application must be executed by a majority in interest of the partners or by one or more partners authorized to execute this application.

4. This form must be accompanied by the filing fee of $100.00, payable to the Secretary of State.

5. Attach a stamped, self-addressed envelope, addressed to the principal office of the partnership and directed to the partner who is responsible for filing any renewal of this application.

Return to: Secretary of State
PO Box 11350
Columbia SC 29211

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