State of Tennessee

Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR REGISTRATION OF LIMITED LIABILITY PARTNERSHIP - DOMESTIC

For Office Use Only

Pursuant to the provisions of the Tennessee Revised Uniform Partnership Act, Section 61-1-1001, the undersigned partner(s) hereby applies (apply) for status as a registered limited liability partnership:

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

(**Note:** Pursuant to Section 61-1-1003, each limited liability partnership name must contain the words "Registered Limited Liability Partner ship" or the abbreviation LLP or L.L.P.)

2. The complete address of the principal office is:
1234 Main Street, Nashville, TN 37201
Street City State Zip Code

3. The complete address of the registered office in Tennessee is:
1234 Main Street, Nashville, Davidson County TN 37201
Street City County State/ Zip Code

4. The name of the registered agent, to be located at the address listed in No. 3, is:
John Doe

5. A brief statement of the business in which the partnership is engaged: Filling Station

6. Other provisions:

7. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is:

_____, _____ (date), _____ (time).

(**Note:** A delayed effective date may not be later than the 90th day after the date this document is filed by the Secretary of State.)

8. This limited liability partnership, which was previously formed on _____ hereby elects to be governed by the Tennessee Limited Liability Partnership Act. (Applies only to limited liability partnerships created prior to July 1, 1995)

9. Number of partners at time of filing: 2.

(Note: The application must be executed by one or more authorized partners. Attach additional sheet if necessary)

Signature Date	Signature
General Partner Partner	John Doe Name (typed or printed)
Signature Date	Signature
General Partner Partner	Jane Doe Name (typed or printed)

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