FOREIGN LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

APPLICATION FOR AUTHORITY **TO DO BUSINESS**

		Filing Fee \$250.00		
FOREIGN LIMITED LIABILITY PARTNERSHIP				
Livii				
	STATE OF MAINE			
APPL	ICATION FOR AUTHORITY TO DO BUSINESS			
		Deputy Secretary of State		
		A True Copy When Attested By Signature		
		Deputy Secretary of State		
(Name of Lim	ited Liability Partnership in Jurisdiction of Organization)			
Pursuant to 31 to do Business		enership executes and delivers the following Application for Authority		
FIRST:	The proposed limited liability partnership name* to be used in this State:			
	(The name must contain one of the following: "Lin	nited Liability Partnership", "LLP" or "L.L.P.", see 31 MRSA §803-A)		
SECOND:	If the real limited liability partnership name is not available, the fictitious name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)			
	Form FICT-4 accompanies this application.			
	A fictitious name is a name adopted by a foreign limited liability partnership authorized to transact business in this State because its real name is unavailable pursuant to §803-A.			
THIRD:	uns saute secuase its real name is unavanuore pe	Totalit to 3000 Th		
111110.	(For a professional limited liability partnership	(For a professional limited liability partnership only)		
	All of the professional limited liability partnership's partners are licensed in one or more states to render a professional			
	service disclosed in its application.			
FOURTH:				
	Date of organization	Jurisdiction of organization		
	Address of the registered or principal office, wherever located, is:			
	(physical location - street (not P.O. Box), city, state and zip code)			

(mailing address if different from above)

FIFTH:	The foreign limited liability partnership validly exists as a limited liability partnership under the laws of the jurisdict of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is					
SIXTH:	The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)					
		Commercial Registered Agent	CRA Public Number:			
	(name of commercial registered agent)					
		Noncommercial Registered Agent				
		(name of noncommercial registered agent)				
		(physical location, not P.O. Box – street, city, state and zip code)				
	(mailing address if different from above)					
SEVENTH:	Pursuant to 5 MRSA §105.2, the registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.					
EIGHTH:	The name and business, residence or mailing address of the contact partner is					
		NAME	ADDRESS			
NINTH:	The da	ate on which the foreign limited liability part	nership first did, or intends to do, business in the State of Maine is			
TENTH:	Check only if applicable					
	This is a professional limited liability partnership qualified pursuant to 13 MRSA Chapter 22-A to provide the following professional services: (see 13 MRSA, chapter 22-A for information on what constitutes professional services)					
	(type of professional services)					

existence. The certificate of existence must application for filing.	have been made not more than 90 days prior to the delivery of the
Dated	(Authorized Signature**)
	(Type or print name and capacity)
For Authorized Signature(s) ** on behalf of Entities	
Name of Entity	
By	
(Authorized signature)	(Type or print name and capacity)

This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the

Secretary of State or other official having custody of limited liability partnership records in the state or country under whose law the foreign limited liability partnership is organized. In lieu of a certificate of existence, a copy of the foreign limited liability partnership's registration certified or stamped by the Secretary of State or other proper officer in its domestic jurisdiction is a sufficient equivalent if such an officer does not produce any other type of certificate of

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

ELEVENTH:

^{*}The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" (§803-A). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

^{**} Application MUST be signed by at least one authorized person (31 MRSA §852.2).

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:					
Optional special handling request(s): (check on	aly if applicable)				
Hold attested copy for pick up (will b	be required to pick up at our office in Augusta, Maine)				
24-hour expedited filing (next busine	ess day) service: \$50 additional filing fee per entity				
Immediate expedited filing (same bus	siness day): \$100 additional filing fee per entity				
NOTE: Only one expedite fee is required if filing	multiple documents for the same entity/charter number at the same time				
Payment can be made by check or money orde obtain a credit card voucher at https://www.maine	er (payable to Maine Secretary of State) or by credit card. You may e.gov/sos/cec/forms/credit.pdf.				
Total fee(s)) enclosed: \$				
(Name of contact person)	(Daytime telephone number)				
(Contact email address for <u>this</u> filing)	(Email address to use for annual report reminders)				
Name and address of person to return the attested	ed copy of the completed filing:				
(Nan	ne of attested copy recipient)				
	(Firm or Company)				
	(Mailing Address)				
	(City, State & Zip)				

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service Department of the Secretary of State Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS
Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330