



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings
Business Filings
PO Box 718
Frankfort, KY 40602
(502) 564-3490
http://www.sos.ky.gov

Registration or Renewal of Name
(Foreign Limited Liability Partnership or
Foreign Limited Partnership)

RLP

Pursuant to the provisions of KRS 362, the undersigned applies for registration or renewal of name and, for that purpose, submits the following statement:

1. The activity request is:

- Registration
Renewal

2. The name of the partnership is

3. The state or country of organization is

4. The date of organization is

5. Per KRS 362.2-123(c), a limited partnership must provide a brief description of the nature of the business in which it is engaged:

6. The name and mailing address of the applicant is:

Street Address or Post Office Box Numbers City State Zip

I certify that, as of the date of filing this application, the above named foreign limited liability partnership validly exists as a partnership under the laws of the jurisdiction of its formation. I declare under penalty of perjury under the laws of Kentucky that the foregoing is true and correct.

Signature of Partner Printed Name Date

**FILING INSTRUCTIONS  
REGISTRATION OR RENEWAL OF NAME FOR A FOREIGN  
LIMITED LIABILITY PARTNERSHIP OR LIMITED PARTNERSHIP**

**REGISTRATION OR RENEWAL**

If the limited partnership/limited liability partnership is applying for renewal of registration of partnership name, check appropriate block. Please note: A registered name is effective when filed with the Secretary of State and expires on December 31<sup>st</sup> of the same year. A registered name may be renewed for successive years between October 1<sup>st</sup> and December 31<sup>st</sup> of the preceding year. When the renewal is effective, it renews the partnership name registration for the following calendar year.

**NAME**

Use the exact name of the partnership as registered on file with the Office of the Secretary of State.

**DATE OF ORGANIZATION**

The date the partnership was formed and the state or country of its formation.

**NATURE OF BUSINESS**

The partnership must give a brief description of the nature of the business in which it is engaged.

**WHO MAY SIGN**

The registration must be signed by a partner.

**NUMBER OF COPIES**

When filing online with the One Stop Business Portal system, no copies are required. If filing via mail or in person, one exact or conformed copy of the documents with the filing fee must be submitted to the address below. To make a copy of the filing for delivery to the local county clerk's office, visit [www.sos.ky.gov](http://www.sos.ky.gov) and print a copy from the organization search tool.

**DOCUMENT DELIVERY**

All documents will be sent to the return address on the outer envelope. If no address is found, the documents will be sent to the principal office. If the applicant wishes for correspondence from the Office of the Secretary of State to be sent to someone other than those above, a request must be submitted in writing affirming that request. All other communication and notification shall follow the process prescribed in Kentucky Revised Statute.

**FILING FEE**

The filing fee for this document is \$36.00. Checks should be made payable to the "Kentucky State Treasurer."

**MAILING ADDRESS**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718

**OFFICE LOCATION**

Room 154, Capitol Building  
700 Capital Avenue  
Frankfort, KY 40601  
Hours of Operation: 8:00 AM-4:30 PM ET

**CONTACT INFORMATION AND NAME AVAILABILITY**

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at [www.sos.ky.gov](http://www.sos.ky.gov) or call (502) 564-3490.