



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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

Statement of Foreign Qualification
(Foreign Limited Liability Partnership)

FNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned applies to qualify and for that purpose submits the following statement:

- 1. The name of the foreign limited liability partnership is
2. The name of the entity to be used in Kentucky is (if applicable):
3. The mailing address of the partnership's principal office address is:

Street Address or Post Office Box Numbers City State Zip

- 4. The mailing address of the principal office address of any partnership office in Kentucky (if applicable):

Street Address or Post Office Box Numbers City State Zip

- 5. The street address of the partnership's initial registered office in Kentucky is

Street Address (No Post Office Box Numbers) City State Zip

- 6. The name of the initial registered agent at that office is
7. The state or country of jurisdiction of the organization is

- 8. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Partner Printed Name Date

Signature of Partner Printed Name Date

I, consent to serve as the registered agent on behalf of the limited liability partnership.

Signature of Registered Agent Printed Name Date

**FILING INSTRUCTIONS  
STATEMENT OF FOREIGN QUALIFICATION**

**PARTNERSHIP NAME**

The name of the limited liability partnership must end with the words "R.L.L.P.," "L.L.P.," "RLLP," "LLP," "Registered Limited Liability Partnership" or "Limited Liability Partnership."

**STATE OR JURISDICTION**

List the state or country of the organization.

**PRINCIPAL OFFICE ADDRESS**

The principal office is the office (in or out of this state) so designated in writing with the Office of the Secretary of State where the principal designated office of the business entity is located. This address is where all correspondence from the Office of the Secretary of State (See Document Delivery) will be mailed.

**REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

**CONSENT OF REGISTERED AGENT**

Unless the registered agent signs the statement, the partnership must deliver with the statement of qualification, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the limited liability partnership. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

**WHO MAY SIGN**

The document must be signed by at least two partners.

**NUMBER OF COPIES**

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**

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

**FILING FEE**

The filing fee for this document is \$90.00. 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.

**FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES**

The business entity must file an **annual report** with the Secretary of State between January 1 and June 30 of the year following the calendar year in which the corporation was formed. Subsequent annual reports must be filed with the Secretary of State between January 1 and June 30 of the following calendar years. A **statement of change** of the registered agent and/or registered office address or principal office address must be filed with the Secretary of State whenever a change has occurred involving any of the above categories. Downloadable forms may be found on our website.