



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to register an out-of-state limited partnership or limited liability limited partnership to transact business in state of Florida.

Pursuant to s. 620.1902(2), F.S., a foreign limited partnership or limited liability limited partnership shall deliver a certificate of existence or a record of similar import signed by the Department of State or other official having custody of the entity's publicly filed records in the state or other jurisdiction under whose law the foreign limited partnership or limited liability limited partnership is organized, dated not more than 90 days prior to the delivery of the application.

Pursuant to Chapter 620, Florida Statutes, every legal or commercial business entity listed as a general partner on the attached application must have an active registration or filing on file with the Florida Department of State before the application can be processed by this office. Should you need the form and instructions to properly register a non-individual general partner, please call (850) 245-6051.

The fee to file the application is \$1,000 (\$965 filing fee and \$35 registered agent designation fee). A certified copy or certificate of status may be requested at the time of filing. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested. Please send one check for the total amount due made payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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Division of Corporations
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2661 Executive Center Circle
Tallahassee, FL 32301

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P. O. Box 6327
Tallahassee, FL 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. _____
(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.

2. _____ 3. _____
State or Country of Formation Date of Formation

4. _____
Name of Registered Agent for Service of Process

5. _____
Florida street address for Registered Agent

6. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with an accept the obligations of my position as registered agent.*

Signature of Registered Agent

7. _____
Principal office address

8. If limited partnership is a limited liability limited partnership, check box .

9. _____
(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

_____ Name	_____ Street Address
	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address
_____ Name	_____ Street Address
	_____ Mailing Address

Name	Street Address
	Mailing Address
Name	Street Address
	Mailing Address

11. Effective date, if other than the date of filing: _____.

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this _____ day of _____, 20_____.

Signature of a general partner:

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$ 52.50
Certificate of Status (optional):	\$ 8.75