COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying with credit card, complete Credit Card Payment Authorization on page 3)

LIMITED LIABILITY PARTNERSHIP REGISTRATION

SECRETARY OF STATE

SFN 50233 (12-2015)

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:

1. FILING FEES

A. New registration with two managing partners $35.00
Each additional managing partner (not to exceed $250) 3.00
B. Amended registration 25.00

TYPE OR PRINT LEGIBLY

SEE PAGES 2 AND 3 FOR FILING AND MAILING INSTRUCTIONS **For reference, see North Dakota Century Code, Chapter 45-22.**

2. Registration is a(n):
☐ New registration ☐ Amended registration

3. Name of limited liability partnership

4. Federal ID Number

5. Complete mailing address of principal executive office (Street/RR, PO Box, City, State, ZIP+4) **Street address MUST be provided; may not be only a post office box.**

6. Effective date of registration: (check one)
☐ When Filed with the Secretary of State ☐ Later on (month, day, year): _____

7. Telephone Number

8. Toll-Free Telephone Number

9A. Name of **commercial** registered agent in **North Dakota**

OR

9B. Name of **noncommercial** registered agent in **North Dakota**

9C. Address of **noncommercial** registered agent in North Dakota (Street/RR, PO Box, City, State, ZIP+4) **Street address MUST be provided; may not be only a post office box.**

10. Nature of business transacted in North Dakota

11. Answer the questions below: (If "yes" to either question, provide the names and addresses of **all** partners in number 12.)

YES	NO	
☐	☐	Will the limited liability partnership be engaged in farming or ranching in North Dakota?
☐	☐	Will the limited liability partnership own or lease land in North Dakota that is used for farming or ranching?

12. Names, social security/federal ID numbers, and addresses of the managing partners **(If number 11 indicates "yes" for either questions, provide information for all partners.)**

Name	Federal ID/Social Security Number	COMPLETE ADDRESS Street/Rural Route Post Office Box	City	State	ZIP+4

13. "The partnership elected to be a limited liability partnership as provided by North Dakota Century Code, Chapter 45-22.

The undersigned managing partners have read the foregoing registration, know the contents thereof, and believe the statements made thereon to be true. The undersigned further authorize the Secretary of State to correct numbers 9A, 9B, and 9C if not correctly reflected."

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

14. Name of person to contact about this document	Email Address	Daytime Telephone Number

INSTRUCTIONS FOR LIMITED LIABILITY PARTNERSHIP REGISTRATION

A limited liability partnership (LLP) must file a Limited Liability Partnership Registration with the Secretary of State. Anyone acting as a LLP without a registration in effect is jointly and severally liable for all debts and liabilities incurred or arising as a result.

The following numbers correspond to the numbered sections on page 1 of this form.

1. **FILING FEES:**

   - New registration with two managing partners $35
     For each additional managing partner $3 (not to exceed $250)
   - Amended registration $25

   (Checks must be payable to "Secretary of State" and must be for U.S. negotiable funds. The Secretary of State accepts credit card payments using VISA, MasterCard, or Discover. If payment is made by credit card, identify the type of credit card, the account number, and the month and year of the expiration.)

2. Indicate whether the application is being submitted for a new registration or an amended registration.

3. Provide the name of the LLP. The name must include the words "limited liability partnership", or the abbreviations "L.L.P.", or "LLP".

   The name may not be the same as, or deceptively similar to, any corporate name, limited liability company name, trade name, limited partnership name, limited liability partnership name, limited liability limited partnership name, or a name which is in any manner reserved with the Secretary of State.

4. A LLP's Federal ID number is helpful to maintain accurate records. Please provide if you have one.

   Privacy: In compliance with North Dakota Law, Federal ID numbers and social security numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate limited liability partnership files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the application.

5. Provide a complete address of the principal executive office of the LLP. In this section, an address must include a street or rural address, a postal box if applicable, and the city, state and zip code with 4 digit extension. This address cannot only be a post office box number.

6. Check either box to define the effective date of the LLP. A LLP may be effective at the time the registration is filed by the Secretary of State, or at a later date within 90 days after the filing. If a later effective date is preferred, specify the date (month, day and year). If neither box is checked, the registration will be effected when filed with the Secretary of State.

7. The telephone number of the principal executive office of the LLP is required.

8. Provide a toll-free telephone number if the LLP has one.

9. **COMMERCIAL OR NONCOMMERCIAL REGISTERED AGENT:** A LLP must continuously maintain a commercial or noncommercial registered agent and address in North Dakota. A LLP cannot serve itself as its registered agent.

   A commercial registered agent must be registered as a commercial registered agent with the North Dakota Secretary of State. The appointed agent can verify their status as a commercial registered agent from their acknowledged filing and from the list of commercial registered agents maintained on the Secretary of State's website at sos.nd.gov.

   A noncommercial registered agent may be one of the following:
   a) An individual residing in North Dakota;
   b) A domestic or foreign corporation; or
   c) A domestic or foreign limited liability company.

   A corporation or limited liability company appointed as a noncommercial registered agent must be registered with the Secretary of State, be in good standing, and have a business address in North Dakota. If a corporation or limited liability company is named as a noncommercial registered agent, provide the "correct" name of the organization.

   Seek the approval of the party before naming them as the commercial or noncommercial registered agent. Proof of the approval is not required to be filed with the Secretary of State. Failure to seek consent from the party named as agent may result in involuntary dissolution of the partnership.

9A. If a commercial registered agent is being appointed, provide the correct name as registered with the North Dakota Secretary of State. If the name in number 9A is not the same as registered by the commercial registered agent, the name will be corrected by the Secretary of State when the document is received.

   OR

9B. If a noncommercial registered agent is being appointed, provide the correct name. If a corporation or limited liability company is appointed as registered agent and the name of that organization in number 9B is not the same as registered, the name will be corrected by the Secretary of State when the document is received.

9C. If a noncommercial registered agent is being appointed, provide the complete address in North Dakota, which may not be only a post office box. Leave this line blank if a commercial registered agent is appointed. If a commercial registered agent is named in 9A and an address is provided in 9C, the address will be removed by the Secretary of State.

10. Describe the business activities which the LLP intends to conduct in North Dakota.

11. Answer "yes" or "no" to both questions indicating whether the LLP will be engaged in farming or ranching, and whether the LLP will own or lease land in North Dakota that will be used for farming or ranching.

INSTRUCTIONS FOR LIMITED LIABILITY PARTNERSHIP REGISTRATION (continued)

12. List the names, Social Security or Federal ID numbers, and complete mailing addresses of all managing partners. If adequate space is not provided to list all managing partners, attach an additional schedule listing all others. (For privacy statement, see number 5.)

    If a managing partner is either a corporation, a limited liability company, a limited partnership, a limited liability limited partnership, another LLP, or a general partnership using a fictitious name, the managing partner must be registered separately with the Secretary of State before this Limited Liability Partnership Registration will be filed.

    If number 11 indicates "yes" for either question, provide the names and addresses of all partners. If engaged in farming or ranching, or if owning or leasing land used for farming or ranching in North Dakota, all partners must be individuals, or corporations, limited liability companies, or other partnerships in compliance with N.D.C.C., chapter 10-06.1.

13. The registration must be dated and signed by one or more managing partners authorized by the LLP.

14. List the name and daytime telephone number of a contact person if this office has any questions or needs additional information to file this registration.

ASSISTANCE: If assistance is required to complete the form, contact the Secretary of State.

FAX FILING: Documents and Credit Card Payment Authorization may be faxed to (701) 328-2992. A faxed filing does not expedite the process of the document in the office of the Secretary of State.

EMAIL: Email is not a secure utility for the transmission of private information or credit card authorizations**. DO NOT EMAIL YOUR DOCUMENT TO THE SECRETARY OF STATE.**

MAILING INSTRUCTIONS: Send application and filing fees to:

Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500

Telephone: (701) 328-2904 Toll-Free: (800) 352-0867 (option 3) Fax: (701) 328-2992 Website: sos.nd.gov

ANNUAL REPORT: An annual report is required of a LLP on April 1 in the year after filing the Limited Liability Partnership Registration. Annual report forms are mailed to the registered agent.

CREDIT CARD PAYMENT AUTHORIZATION

SECRETARY OF STATE
SFN 51478 (04-2014)
(All items required to complete transaction)

			Amount Authorized
Name			Telephone Number
Address	City	State	ZIP Code
☐ VISA ☐ MasterCard ☐ Discover			Signature (Required by Credit Card Companies)
Account Number	CSC Number *	Card Expires Month - Year	Date

* (CSC is the three-digit security code on the back of your card by the signature)