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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU CORPORATIONS DIVISION

APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership

1. The name and principal office address of the partnership is:

Note: the name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.

2. A brief statement of the business of the partnership:

3. TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY

a. Home state of partnership if located outside Michigan: _____

b. Name of registered agent to receive service of process in Michigan: _____

c. Address of the registered office in Michigan:
_____, Michigan _____
(Street Address) (City) (ZIP Code)

4. Federal Employer Identification Number if available:

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5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Signature _____ Social Security Number (optional)

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Signature _____

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Date Received	FOR BUREAU USE ONLY

This registration expires one year from the "filed" date.

Preparer's Name _____

Business telephone number () _____

- This form must be used to register a Limited Liability Partnership.
- Since this document will be maintained on electronic format, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
- The registration fee is \$100.00. Make remittance payable to the State of Michigan.
- This application shall be open to inspection by the public.

Submit with check or money order by mail:

Michigan Department of Licensing and Regulatory Affairs
 Corporations, Securities & Commercial Licensing Bureau
 Corporations Division
 P.O. Box 30054
 Lansing, MI 48909

To submit in person:

2501 Woodlake Circle
 Okemos, MI
 Telephone: (517) 241-6470

Fees may be paid by check, money order, VISA, MasterCard,
 or Discover when delivered in person to our office.

Documents that are endorsed filed are available at www.michigan.gov/corpenitysearch. If the submitted document is not fileable, the notice of refusal to file and document will be available at the Rejected Filings Search website at www.michigan.gov/corprejectedsearch.

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.