



# Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: [business.ct.gov](http://business.ct.gov) EMAIL: [bsd@ct.gov](mailto:bsd@ct.gov)

## CERTIFICATE OF AUTHORITY - [Accessible Version Available](#)

FOREIGN LIMITED LIABILITY PARTNERSHIP - USE INK. PRINT OR TYPE. ATTACH 8 1/2" X 11" SHEETS IF NECESSARY.

### FILING PARTY *(Confirmation will be sent to this address):*

NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL:

TELEPHONE NUMBER:

**FILING FEE: \$120**

*Make checks payable to  
"Secretary of the State"*

### 1. NAME UNDER WHICH THE LIMITED LIABILITY PARTNERSHIP WILL TRANSACT BUSINESS IN CONNECTICUT

*(Must include business designation, e.g., LLP, L.L.P., etc.):*

### 2. NAME OF THE LIMITED LIABILITY PARTNERSHIP IN ITS STATE/JURISDICTION OF REGISTRATION

### 3. STATE/JURISDICTION WHERE LIMITED LIABILITY PARTNERSHIP IS REGISTERED:

### 4. DATE OF REGISTRATION IN ITS STATE/JURISDICTION:

Date *(mm/dd/yyyy)*: \_\_\_\_\_

### 5. ADDRESS REQUIRED IN STATE/JURISDICTION OF REGISTRATION OR PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:

STREET:

CITY:

STATE:

ZIP CODE:

### 6. THE DATE ON WHICH THE LIMITED LIABILITY PARTNERSHIP COMMENCED TRANSACTING BUSINESS IN CONNECTICUT:

Date *(mm/dd/yyyy)*: \_\_\_\_\_

### 7. LLP E-MAIL ADDRESS *(required)*:

### 8. NAICS CODE *(six digits)(required)*

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### 9. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:



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**NOTE: COMPLETE EITHER 10A OR 10B BELOW – NOT BOTH.**

## 10. APPOINTMENT OF REGISTERED AGENT *(required)*:

☒ ☐ If Agent is an individual, print or type full legal name: \_\_\_\_\_

Signature accepting appointment ► \_\_\_\_\_

### BUSINESS ADDRESS *(required)*:

(P.O. Box unacceptable)

Check box if none: ☐

STREET:

CITY:

STATE:

ZIP CODE:

### CONNECTICUT RESIDENCE ADDRESS *(required)*:

(P.O. Box unacceptable)

STREET:

CITY:

STATE:

CT

ZIP CODE:

**NOTE: DO NOT COMPLETE 10B IF AGENT APPOINTED IN 10A.**

☒ ☐ If Agent is a business,  
print or type name of business as it appears on our records: \_\_\_\_\_

Signature accepting appointment  
on behalf of agent: ► \_\_\_\_\_

Print full name and title of person signing on behalf of agent: \_\_\_\_\_

### CONNECTICUT BUSINESS ADDRESS *(required)*:

(P.O. Box unacceptable)

STREET:

CITY:

STATE:

CT

ZIP CODE:

**THE PARTNERSHIP IS A “FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP”  
AS DEFINED IN CONN. GEN. STAT. SECTION 34-301.**

## 11. EXECUTION/SIGNATURE *(subject to penalties of false statement)*:

Date (mm/dd/yyyy): \_\_\_\_\_

NAME(S) OF PARTNER(S)

SIGNATURE(S)

►

►

►

►

**INSTRUCTION FOR FILING THE CERTIFICATE OF AUTHORITY  
FOR A FOREIGN LIMITED LIABILITY PARTNERSHIP**

1. Enter name of Limited Liability Partnership. Name must include the Limited Liability Partnership business designation (e.g., L.L.P., LLP, etc.).
2. Enter name as it appears on the records in its state of formation.
3. Enter the state where Limited Liability Partnership is registered.
4. Enter the date the Limited Liability Partnership registered in its state/jurisdiction.
5. Enter address in state of registration or if not required enter the principal office address.
6. Enter the date the Limited Liability Partnership began/will begin transacting business in Connecticut.
7. Email address is required. Do not leave blank  
(this allows our office to notify entities when their Annual Reports are due).
8. Find the NAICS code at [www.census.gov/naics](http://www.census.gov/naics) or call 888-756-2427.  
This is a business/occupation/profession code.
9. Description of business to be transacted in Connecticut.
10. **APPOINTMENT OF REGISTERED AGENT:** The Limited Liability Partnership may not appoint itself as its registered agent. The Limited Liability Partnership may appoint either a natural person who is a resident of Connecticut; a Connecticut corporation, limited liability company, limited liability partnership, or statutory trust; or a foreign corporation, limited liability company, limited liability partnership or statutory trust which has registered to transact business in Connecticut. Please note the following: if the agent being appointed is a natural person, that person's business address must be provided under the heading Business Office Address and their residence address under the heading Residence Address; if the agent appointed is an entity, it must provide its office address in Connecticut under the Business Office Address heading. The agent must sign accepting the appointment in the space provided and the signatory must print their name and the capacity under which they sign if signing on behalf of an entity. All addresses must include a street number, street name, city, state, and postal code. P.O. box addresses are acceptable ONLY as additional information. Do not write "same" or "same as above" in any address fields.
11. Print name(s) of Partner(s) and provide signature(s).

**OFFICE OF THE SECRETARY OF THE STATE**

**Mailing Address:**

Business Services Division  
Connecticut Secretary of the State  
P.O. Box 150470  
Hartford, CT 06115-0470

**Delivery Address:**

Business Services Division  
Connecticut Secretary of the State  
165 Capitol Avenue, Suite 1000  
Hartford, CT 06106