



Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

OFFICE USE ONLY

CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

- Use ink. • Print or type.
- Attach additional 8½ x 11 sheets if necessary.

FILING PARTY <i>(Confirmation will be sent to this address):</i> NAME: ADDRESS: CITY: STATE: _____ ZIP: _____ -	FILING FEE: \$120 <i>Make checks payable to "Secretary of the State"</i>
1. NAME OF THE LIMITED LIABILITY PARTNERSHIP <i>(Must include business designation at end of name, e.g., LLP, L.L.P.):</i>	
2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP <i>(P.O. Box unacceptable):</i> ADDRESS: CITY: STATE: _____ ZIP: _____ -	
3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS <i>(Complete only if principal office stated above is not located in Connecticut):</i> Name of Agent: _____	
BUSINESS ADDRESS ADDRESS: CITY: STATE: _____ ZIP: _____ -	Check box if none: <input type="checkbox"/> CONNECTICUT RESIDENCE ADDRESS: <i>(P.O. Box unacceptable)</i> ADDRESS: CITY: STATE: CT ZIP: _____ -
ACCEPTANCE OF APPOINTMENT Signature of Agent _____	
4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES <i>(required):</i>	
5. OTHER PROVISIONS:	
THE PARTNERSHIP HEREBY APPLIES FOR STATUS AS A REGISTERED LIMITED LIABILITY PARTNERSHIP.	



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6. ENTITY E-MAIL ADDRESS (required):
(Check box if none. Do not leave blank.)

None

7. NAICS CODE (six digits):

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8. EXECUTION / SIGNATURE (subject to penalties of false statement):

Date (mm/dd/yyyy): _____

NAME(S) OF PARTNER(S) (print/type)

SIGNATURE(S)



INSTRUCTIONS FOR FILING THE CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

1. Enter name of Limited Liability Partnership. Name must include the Limited Liability Partnership business designation at end of name. (e.g., LLP, L.L.P. or Limited Liability Partnership)
2. Principal office address is required. Address must include street number, street name, town/city, state and zip code.
3. Appointment of Agent. If address at Section 2 is outside of Connecticut, you must complete Section 3.
 - If appointing an individual, enter full name, business address (if none, check "none"), residence address (must be in Connecticut), and signature accepting the appointment.
 - If appointing a business, enter Name (must match our records exactly), Connecticut business address, and signature of authorized person (that person must also print their name and title next to their signature).
4. Description of business to be transacted in Connecticut.
5. Enter "other provisions" if applicable.
6. Enter email address. Check box if none. Do not leave blank.
7. NAICS code. To obtain code, go to www.census.gov/naics or call 1-888-756-2427.
8. Print full name(s), title(s), and signature(s) of authorized person(s) (person(s) signing the document).

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

WEBSITE: www.concord-sots.ct.gov

Delivery Address:

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

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