CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP - Accessible Version Available - 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:	
	FILING FEE: \$120
CITY:	
STATE: ZIP CODE:	Make checks payable to "Secretary of the State"
EMAIL:	
TELEPHONE NUMBER:	
1. NAME OF THE LIMITED LIABILITY PARTNERSHIP (Must include business designation at end of name, e.g., LLP, L.L.P.):	
2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY P	ARTNERSHIP (P.O. Box unacceptable):
ADDRESS:	
CITY:	
STATE: ZIP CODE:	
3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF P (Complete only if principal office stated above is not located in Connec	
Name of Agent:	
BUSINESS ADDRESS Check box if none:	CONNECTICUT RESIDENCE ADDRESS: (P.O. Box unacceptable)
ADDRESS:	ADDRESS:
CITY:	CITY:
STATE: ZIP CODE:	STATE: CT ZIP CODE:
ACCEPTANCE OF APPOINTMENT	
Signature of Agent	
4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHI	P ENGAGES (required):
5. OTHER PROVISIONS:	
THE PARTNERSHIP HEREBY APPLIES FOR STATUS AS A RI	EGISTERED LIMITED LIABILITY PARTNERSHIP.

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Secretary of the State of Connecticut

PHONE: 860-509-6003 WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

6. ENTITY E-MAIL ADDRESS (required): (Check box if none. Do not leave blank.) None	7. NAICS CODE (six digits)(required):
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: business.ct.gov

Delivery Address:

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

PHONE: 860-509-6003

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