

FORM **UPA-1001**

September 2019

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, money order, Illinois attorney's check or Illinois C.P.A.'s check. If a check is returned for any reason, this filing will be void.

Illinois

Uniform Partnership Act
Statement of Qualification

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$

Approved:

Federal Employer Identification Number (F.E.I.N.) _____
(Required to file)

1. Partnership name: _____
(Name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," or "RLLP," "LLP")

2. Address of partnership's chief executive office: _____

Street address (Must be a street address. P.O. Box alone is unacceptable.)

City, State, ZIP

3. If different from address in number 2, the street address of an office in this state, if any:

4. Registered agent name and office address: (Must be an Illinois resident or company.)

Registered agent: _____
First name Middle initial Last name

Registered office: _____
Street address City IL ZIP

5. Filing fees: Filing fee per partner: \$100 _____

Number of partners: _____

Total filing fee: \$ _____

**Fees: \$100 for each partner, but not less than \$200 or more than \$5,000.
(Minimum of two partners.)**

6. Total number of partners: _____

7. Brief statement of the business in which the partnership engages:

8. The partnership hereby applies for status as a Limited Liability Partnership.

9. Registration application is effective on (check one):

- a) the filing date
- b) another date later than but not more than 30 days subsequent to the filing date: _____
Month, Day, Year

10. The undersigned declares, under penalty of perjury, and the laws of the state of Illinois, that the foregoing is true, correct and complete.

Executed on the _____ of _____, _____ by at least two partners.
Day Month Year

Signature

Name and title (type or print)

Signature

Name and Title (type or print)

Street address

City, State, ZIP

Street address

City, State, ZIP

If additional space is required, please continue in the same format on a plain white 8.5x11" sheet of paper.