

APPLICATION FOR REGISTRATION LIMITED LIABILITY PARTNERSHIP - DOMESTIC (SS-4482)

Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102
(615) 741-2286

For Office Use Only

Filing Fee: \$50.00 per member (minimum fee = \$250, maximum fee = \$2,500)

Pursuant to the provisions of the Tennessee Revised Uniform Partnership Act, Section 61-1-1001, the undersigned partner(s) hereby applies (apply) for status as a registered limited liability partnership:

1. The name of the limited liability partnership is:

(Note: Pursuant to Section 61-1-1003, each limited liability partnership name must contain the words "Registered Limited Liability Partnership" or the abbreviation "LLP" or "L.L.P.")

2a. The complete address of the principal office is:

Physical Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

2b. The mailing address (if different from the physical street address) is:

Mailing Address: _____

City: _____ ST: _____ Zip _____ County: _____

3. The name of the registered agent and complete registered office address in Tennessee is:

Agent's name: _____

Registered Office Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

4. A brief statement of the business in which the partnership is engaged: _____

5. Other provisions: _____

6. If applicable, this limited liability partnership has the additional designation of: _____

7. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is: _____ (date), _____ (time).

(Note: A delayed effective date may not be later than the 90th day after the date this document is filed by the Secretary of State.)

8. This limited liability partnership, which was previously formed on _____ hereby elects to be governed by the Tennessee Limited Liability Partnership Act. (Applies only to limited liability partnerships created prior to July 1, 1995)

9. The number of partners at the time of filing: _____

(Note: The application must be executed by one or more authorized partners. Attach additional sheet if necessary)

Partner's Signature_____
Signature Date_____
Printed Name_____
Partner's Signature_____
Signature Date_____
Printed Name