

**Form LP 902
January 2008**

Filing Fee: \$150

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.

Please do not send cash.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Application for Certificate of Authority
(Foreign Limited Partnership or LLLP)**

Please type or print clearly.

1. Limited Partnership Name: _____

2. Alternate Assumed Name: _____

(By electing this Alternate Name, the Limited Partnership hereby agrees not to use its Company Name in the transaction of business in Illinois. Form LP 108 is attached.)

3. Address of designated office at which records required by Section 111 will be kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP, County

4. Federal Employer Identification Number (F.E.I.N.): _____

5. Limited Partnership formed in jurisdiction of: _____ on: _____, and validly exists there as a Limited Partnership on this file date. (Attach current Certificate of Existence from jurisdiction.)

6. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City (must be in Illinois) ZIP County

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- 7. The undersigned agree(s) to keep the records detailed in item 2 until the Limited Partnership's registration in this state is cancelled.
- 8. This is a Foreign Limited Liability Limited Partnership:
 - Yes
 - No
- 9. The Illinois Secretary of State is hereby appointed the agent of the Limited Partnership for service of process under the circumstances set forth in Section 907(e) of the ULPA.

Names and Business Addresses of all General Partners. If an entity that is not registered or qualified in Illinois, submit original Certificate of Good Standing dated within the last 30 days.

1.	_____	2.	_____
	General Partner Name		General Partner Name
	_____		_____
	Street Address		Street Address
	_____		_____
	City, State, ZIP, County		City, State, ZIP, County
3.	_____	4.	_____
	General Partner Name		General Partner Name
	_____		_____
	Street Address		Street Address
	_____		_____
	City, State, ZIP, County		City, State, ZIP, County

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The original application to transact business must be signed by at least one General Partner.

_____	_____
Signature	Name and Title (type or print)

General Partner Name if a corporation or other entity (must be in good standing)	

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**