

**STATE of DELAWARE  
REGISTERED LIMITED LIABILITY PARTNERSHIP  
STATEMENT OF QUALIFICATION**

- **First:** The name of the limited liability partnership is \_\_\_\_\_

\_\_\_\_\_.

- **Second:** The address of its registered agent in the State of Delaware is

\_\_\_\_\_

\_\_\_\_\_.

The name of the registered agent in charge thereof is \_\_\_\_\_.

- **Third:** The number of partners the limited liability partnership shall have is \_\_\_\_\_.
- **Fourth:** The said partnership elects to be a limited liability partnership.
- **Fifth:** The future effective date or time of the statement of qualification if it is not to be effective upon the filing of the statement of qualification.

\_\_\_\_\_

**In Witness Whereof**, the undersigned have caused this Statement of Qualification of

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 20\_\_\_\_\_

By: \_\_\_\_\_  
Authorized Partner(s)

Name: \_\_\_\_\_  
Printed or Typed