



Department of State
Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

APPLICATION FOR
REGISTRATION OF LIMITED
LIABILITY PARTNERSHIP -
DOMESTIC

Pursuant to the provisions of the Tennessee Uniform Partnership Act, Section 61-1-143, the undersigned partner(s) hereby execute(s) a certificate of limited partnership:

1. The name of the limited liability partnership is: _____

[NOTE: Pursuant to Tennessee Limited Liability Partnership Act, Section 61-1-145, each limited liability partnership name must contain the words "Registered Limited Liability Partnership" or the abbreviation LLP or L.L.P.]

2. The complete address of the principal office is:

Street City/State County Zip Code

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

Street City/State County Zip Code

4. The name of the registered agent, to be located at the address listed in No. 3, is:

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

6. The partnership hereby applies for status as a registered Limited Liability Partnership:

7. The name and address of each partner is:

Name Address Zip Code

Name Address Zip Code

Name Address Zip Code

[] Additional partner(s) is/are listed on the attached _____ (number of page(s) which is/are fully incorporated herein by reference. (check and complete if applicable)

8. 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.]

9. 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)

10. Number of partners at time of filing _____.

Signature Date

Signature

Signer's Capacity

Name (typed or printed)

Signature Date

Signature

Signer's Capacity

Name (typed or printed)

Signature Date

Signature