

Filing Fee \$250.00

**FOREIGN  
LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**APPLICATION FOR AUTHORITY  
TO DO BUSINESS**

<p>_____</p> <p>Deputy Secretary of State</p> <hr style="border: 0.5px solid black;"/> <p><b>A True Copy When Attested By Signature</b></p> <hr style="border: 0.5px solid black;"/> <p>_____</p> <p>Deputy Secretary of State</p>
--

\_\_\_\_\_  
(Name of Limited Liability Partnership in Jurisdiction of Organization)

Pursuant to [31 MRSA §852.3](#), the undersigned limited liability partnership executes and delivers the following Application for Authority to do Business:

**FIRST:** The proposed limited liability partnership name\* to be used in this State:

\_\_\_\_\_  
(The name must contain one of the following: "Limited Liability Partnership", "LLP" or "L.L.P.", see [31 MRSA §803-A](#))

**SECOND:** If the real limited liability partnership name is not available, the **fictitious** name under which it proposes to apply for authority to do business in the State of Maine is (If not applicable, so indicate.)

\_\_\_\_\_

Form MLLP-5 accompanies this application.

A **fictitious name** is a name adopted by a **foreign limited liability partnership** authorized to transact business in this State because its real name is unavailable pursuant to [§803-A](#).

**THIRD:** (For a professional limited liability partnership only)

All of the professional limited liability partnership's partners are licensed in one or more states to render a professional service disclosed in its application.

**FOURTH:** Date of organization \_\_\_\_\_ Jurisdiction of organization \_\_\_\_\_

Address of the registered or principal office, wherever located, is:

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**FIFTH:** The foreign limited liability partnership validly exists as a limited liability partnership under the laws of the jurisdiction of its organization. The nature of the business or purposes to be conducted or promoted in the State of Maine is \_\_\_\_\_.

**SIXTH:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_  
\_\_\_\_\_  
(name of commercial registered agent)

Noncommercial Registered Agent  
\_\_\_\_\_  
(name of noncommercial registered agent)

\_\_\_\_\_  
(physical location, not P.O. Box – street, city, state and zip code)  
\_\_\_\_\_  
(mailing address if different from above)

**SEVENTH:** Pursuant to [5 MRSA §108.3](#), the new commercial registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.

**EIGHTH:** The name and business, residence or mailing address of the contact partner is

NAME	ADDRESS
_____	_____

**NINTH:** The date on which the foreign limited liability partnership first did, or intends to do, business in the State of Maine is \_\_\_\_\_.

**TENTH:** Check only if applicable

This is a professional limited liability partnership qualified pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services: (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services)

\_\_\_\_\_  
\_\_\_\_\_  
(type of professional services)

**ELEVENTH:** This application is accompanied by a certificate of existence or a document of similar import duly authenticated by the Secretary of State or other official having custody of limited liability partnership records in the state or country under whose law the foreign limited liability partnership is organized. In lieu of a certificate of existence, a copy of the foreign limited liability partnership's registration certified or stamped by the Secretary of State or other proper officer in its domestic jurisdiction is a sufficient equivalent if such an officer does not produce any other type of certificate of existence. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature\*\*)

\_\_\_\_\_  
(Type or print name and capacity)

**For Authorized Signature(s) \*\* on behalf of Entities**

Name of Entity \_\_\_\_\_

By \_\_\_\_\_  
(Authorized signature)

\_\_\_\_\_  
(Type or print name and capacity)

---

\*The limited liability partnership name as used in the State of Maine must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" (§803-A). If the addition of these words is the **only** difference from the limited liability partnership's real name in its jurisdiction of organization, no further action is required.

\*\* Application **MUST** be signed by at least one **authorized person** ([31 MRSA §852.2](#)).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)