

**DOMESTIC  
LIMITED LIABILITY PARTNERSHIP  
STATE OF MAINE  
CERTIFICATE OF  
LIMITED LIABILITY PARTNERSHIP**

(Mark box only if applicable)

This is a professional limited liability partnership\* formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

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

<p>_____ Deputy Secretary of State</p> <hr/> <p><b>A True Copy When Attested By Signature</b></p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [31 MRSA §822](#), the undersigned executes and delivers the following Certificate of Limited Liability Partnership:

**FIRST:** The name of the registered limited liability partnership is:

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

**SECOND:** 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)

**THIRD:** 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.

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

Name	Address

**FIFTH:** Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit \_\_\_\_ attached hereto and made a part hereof.

**Partner(s)\*\***

**Dated** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Partner(s)\*\* which are Entities**

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

By \_\_\_\_\_  
(authorized signature)

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

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

By \_\_\_\_\_  
(authorized signature)

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

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

By \_\_\_\_\_  
(authorized signature)

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

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\***Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

\*\*Certificate **MUST** be signed by:

- (1) one or more **partners** who are authorized **OR**
- (2) any duly authorized person.

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)