

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**STATEMENT OF FOREIGN QUALIFICATION
TO CONDUCT ACTIVITIES**

Filing Fee \$250.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §1622](#), the undersigned limited liability company executes and delivers the following Statement of Foreign Qualification:

FIRST: If the name of the limited liability company in the jurisdiction of organization does not contain one of the words or abbreviations required by [31 MRSA § 1508.1](#) ("limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c"), the proposed name to be used in this State in compliance with this requirement is: * (If not applicable, so indicate.)

SECOND: If the name of the limited liability company in the jurisdiction of organization is unavailable pursuant to [31 MRSA §1508](#), the **fictitious** name under which it seeks authority to conduct activities in the State of Maine is: (If not applicable, so indicate.)

Form [MLLC-5](#) accompanies this application. (See [31 MRSA § 1624.1](#))

THIRD: Date of formation: _____ Jurisdiction where formed: _____

Address of the principal office, wherever located:

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

(mailing address if different from above)

FOURTH: The foreign limited liability company is a foreign limited liability company as defined in [31 MRSA §1502.11](#).

FIFTH: The nature of the business or purpose(s) 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 §105.2](#), the registered agent listed above has consented to serve as the registered agent for this limited liability company.

EIGHTH: The name and business, residence and mailing address of each manager (if any):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

Names and addresses of additional managers are attached as Exhibit _____, and made a part hereof.

NINTH: The date on which the foreign limited liability company commenced or expects to commence conducting activities in the State of Maine is _____.

TENTH: Check only if applicable

This is a professional limited liability company 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: (Check if applicable)

The foreign limited liability company is governed by an agreement that establishes or provides for the establishment of designated series having separate rights, powers or duties with respect to specified property or obligations of the foreign limited liability company or profits and losses associated with specified property or obligations. Additional information required pursuant to [MRSA 31 §1622.2.J](#) are attached hereto as Exhibit _____, and made a part hereof.

TWELFTH: This statement of qualification is accompanied by a certificate of existence or such other document that the Secretary of State determines to be suitable for purposes of proving the valid existence of the foreign limited liability company under the law of the State or other jurisdiction listed in item Third. The certificate or other document must not have been issued more than 90 days before the delivery of this statement to the office of the Secretary of State.

Dated _____

(Authorized Signature**)

(Type or print name and capacity)

*The limited liability company name as used in the State of Maine must contain one of the following: "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see [31 MRSA 1508](#)). If the limited liability company's name in its jurisdiction of organization complies with 31 MRSA § 1508 with the addition of these words, then no fictitious name filing is required pursuant to 31 MRSA §§ 1622.2.A and 1624.1.

Statement **MUST be signed by at least one **authorized person** ([31 MRSA §1676.1B](#)).

The execution of this statement 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

Filer Contact Cover Letter

To: Department of the Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Tel. (207) 624-7752

Name of Entity (s):

List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Merger, Articles of Amendment, Certificate of Correction, etc.) Attach additional pages as needed.

Special handling request(s): (check all that apply)

- Hold for pick up
- Expedited filing - 24 hour service (\$50 additional filing fee per entity, per service)
- Expedited filing - Immediate service (\$100 additional filing fee per entity, per service)

Total filing fee(s) enclosed: \$ _____

Contact Information – questions regarding the above filing(s), please call or email: (failure to provide a contact name and telephone number or email address will result in the return of the erroneous filing (s) by the Secretary of State's office)

(Name of contact person) _____
(Daytime telephone number)

(Email address)

The enclosed filing(s) and fee(s) are submitted for filing. Please return the attested copy to the following address:

(Name of attested recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)