

Filing Fee for an Assumed Name \$125.00

Filing Fee for a Fictitious Name \$40.00

LIMITED LIABILITY PARTNERSHIP

STATE OF MAINE

STATEMENT OF INTENTION TO DO BUSINESS UNDER AN ASSUMED OR FICTITIOUS NAME

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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(Real Name of Limited Liability Partnership)

Pursuant to 31 MRSA §805-A, the undersigned limited liability partnership executes and delivers the following Statement of Intention to do Business Under an Assumed or Fictitious Name:

FIRST: ("X" one box only.)

assumed name (31 MRSA §805-A.1)

fictitious name (31 MRSA §805-A.2)

The limited liability partnership intends to transact business under the assumed or fictitious name of

_____.

Please note: 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 31 MRSA §803-A.

Complete the following if applicable:

SECOND: If such assumed name is to be used at fewer than all of the limited liability partnership's places of business in this State, the location(s) where it will be used is (are):

Additional locations are attached hereto as Exhibit ____, and made a part hereof.

THIRD: (Foreign Limited Liability Partnership Only)

Jurisdiction of organization _____ and the date on which the limited liability partnership was authorized to transact business in Maine _____

DATED _____

Partner(s)*

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

- (1) at least one **partner 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 FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**

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)