

**FOREIGN  
LIMITED PARTNERSHIP**

**STATE OF MAINE**

**APPLICATION FOR  
REGISTRATION OF NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Foreign Limited Partnership)

Pursuant to [31 MRSA §1309.2](#), the undersigned foreign limited partnership executes and delivers the following Application for Registration of Name:

**FIRST:** This application is for a

☐ New **OR** ☐ Renewal ("X" one box only.)

of a registration of limited partnership name. A new application expires at the end of the calendar year in which the application is filed. A renewal application can be filed between October 1<sup>st</sup> and December 31<sup>st</sup>. The renewal application, when filed, renews the registration of the limited partnership's name for the following calendar year.

**SECOND:** The state or country under the laws of which it is organized is \_\_\_\_\_

and the address of its principal office is located at:

\_\_\_\_\_  
\_\_\_\_\_  
(street, city, state and zip code)

**THIRD:** The date of its organization is \_\_\_\_\_.

**FOURTH:** A brief statement of the nature of the limited partnership's business:

**FIFTH:** 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 partnership records in the state or country under whose law the foreign limited partnership is organized. The certificate of existence must have been made not more than 90 days prior to the delivery of this application for filing.

DATED \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of a general partner)

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

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*The filing of this application does not authorize a limited partnership to do business in Maine.*

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\*Application **MUST** be signed by at least one **general partner** of the foreign limited partnership. ([31 MRSA §1324.1.M](#)).

The execution of this application 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)

## Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

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**Optional special handling request(s):** (check only if applicable)

- ☐ Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- ☐ 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- ☐ Immediate expedited filing (same business day): **\$100** additional filing fee per entity

**NOTE:** Only one expedite fee is required if filing multiple documents for the same entity/chapter number at the same time.

**Payment can be made by check or money order** (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ \_\_\_\_\_

\_\_\_\_\_  
(Name of contact person)

\_\_\_\_\_  
(Daytime telephone number)

\_\_\_\_\_  
(Contact email address for this filing)

\_\_\_\_\_  
(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

\_\_\_\_\_  
(Name of attested copy recipient)

\_\_\_\_\_  
(Firm or Company)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State & Zip)

**NOTE:** Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or [cec.corporations@maine.gov](mailto:cec.corporations@maine.gov)

**Submit filings to:**

**Mailing Address if using US Postal Service**

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

**Mailing Address if using FedEx/UPS**

Department of the Secretary of State  
Corporations, UCC and Commissions  
6 E. Chestnut Street, 5th Floor  
Augusta, ME 04330