

**Application for Authority to do Business
pursuant to [31 MRSA §852.3](#)
to accompany Application for Transfer of Authority**

FIRST: The name of the limited liability partnership*:

SECOND: (Check box only if applicable)

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

THIRD: 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 [FICT-4](#) 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 [31 MRSA §803-A](#).

FOURTH: (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.

FIFTH: 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)

SIXTH: 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

SEVENTH: 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)

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

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

NAME

ADDRESS

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

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.

* 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.

** The professional limited liability partnership name as used in the State of Maine satisfies the requirements of [13 MRSA §736](#).

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