

Application for Certificate of Authority to Transact Business
pursuant to 31 MRSA §1412
to accompany Application for Transfer of Authority

FIRST: The proposed limited partnership name* to be used in this State:

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP", see [31 MRSA §1308.1.A.2](#))

SECOND: If the real limited 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 partnership** authorized to transact business in this State because its real name is unavailable pursuant to [31 MRSA §1415.1](#).

THIRD: (Check box only if applicable)

☐ The foreign limited partnership is a limited liability limited partnership.

(If checked, the name in Item First must contain one of the following: "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP" and cannot contain the abbreviation of "L.P." or "LP"; see [31 MRSA §1308.1.A.3](#))

FOURTH: (Check box only if applicable)

☐ This is a professional limited liability limited partnership** qualified pursuant to [31 MRSA §1354.4](#) to provide the following professional services: (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services)

FIFTH: Date of organization _____ Jurisdiction of organization _____

The street and mailing address of the foreign limited partnership's principal office is:

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

(mailing address if different from above)

SIXTH: The street and mailing address of the foreign limited partnership's required office is: (Provide only if the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction)

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

(mailing address if different from above)

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 new commercial registered agent as listed above has consented to serve as the registered agent for this limited partnership.

NINTH: The name, street and mailing address of each general partner is:

Name	Address
_____	_____
_____	_____
_____	_____

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

TENTH: This application is accompanied by a certificate of existence or a record of similar import signed by the Secretary of State or other official having custody of limited partnership's publicly filed records in the state or other jurisdiction 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.

*The limited partnership name as used in the State of Maine must contain one of the following: "Limited Partnership", "L.P." or "LP" ([31 MRSA §1308.1.A.2](#)). If the addition of these words is the **only** difference from the limited partnership's real name in its jurisdiction of organization, no further action is required.

In addition to the requirements in Item Third, the name must contain one of the following: "chartered," "professional association" or "service" or the abbreviation "P.A.". In lieu of requirements in Item Third, the name must contain one of the following: "professional limited liability limited partnership" or abbreviation "PLLLP" or P.L.L.L.P., or "S.L.L.L.P". **Examples of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

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