



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

Foreign Limited Partnership Registration Form

Filing Fee: \$100
Statute: 54-2A-902

1. Name of the partnership: _____
(Must end with "limited partnership," LP" or "L.P.")

2. State/jurisdiction under whose laws the partnership is organized: _____

3. Identification number issued to the partnership by foreign official: _____

4. Street address of the principal office: _____
(Please include the city, state, and zip code.)

5. Mailing address of the principal office: _____
(Can be the same as the street address.)

6. If required to maintain an office in the domestic state/jurisdiction, the street address:
(Please include the city, state, and zip code.)

7. If required to maintain an office in the domestic state/jurisdiction, the mailing address:
(Can be the same as the street address.)

8. Registered agent in **New Mexico** information:

Name: _____

Street Address: _____
(Please include the city, state, and zip code.)

Mailing Address: _____
(Can be the same as the street address.)

325 DON GASPAR, SUITE 300 | SANTA FE, NEW MEXICO 87501
PHONE: (505) 827-3600 or (800) 477-3632 | FAX: (505) 827-8081
WWW.SOS.STATE.NM.US

9. Partner information:

A. Name: _____

Street Address: _____
(Please include the city, state, and zip code.)

Mailing Address: _____
(Can be the same as the street address.)

B. Name: _____

Street Address: _____
(Please include the city, state, and zip code.)

Mailing Address: _____
(Can be the same as the street address.)

10. Is this partnership a foreign limited liability limited partnership? Yes: No:

Partner Signatures:
(Duplicate original signatures are required)

Printed Name:

1. _____

2. _____

Date: _____