



STATE OF NEW MEXICO
MAGGIE TOULOUSE OLIVER
SECRETARY OF STATE

New Mexico Limited Liability Limited Partnership Registration Form

Filing Fee: \$100
Statute: 54-2A-201

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

2. Street address of the initial designated office: _____
(Cannot be a P.O. box. Please include the city, state, and zip code.)

3. Mailing address of the initial designated office: _____
(Can be the same as the street address.)

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

(a) Name: _____

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

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

5. Partner Information:

(a) Name: _____

(b) Street address: _____
(Cannot be a P.O. Box. Please include the city, state, and zip code.)

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

(a) Name: _____

(b) Street address: _____
(Cannot be a P.O. Box. Please include the city, state, and zip code.)

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

6. Is this a limited liability limited partnership? Yes: No:

7. Additional Information:
(If required by Article 11 [54-2A-1101 NMSA 1978] of the Uniform Revised Limited Partnership Act)

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

Partner Signatures:
(Duplicate original signatures are required)

Printed Name:

1. _____

2. _____

Date: _____