

STATE OF MONTANA

Prepare, sign, submit with an original signature and filing fee
This is the minimum information required.

REGISTRATION of FOREIGN
LIMITED PARTNERSHIP or
LIMITED LIABILITY LIMITED PARTNERSHIP
APPLICATION

[35-12-1302, MCA](#)



(This space for use by the Secretary of State only)

MAIL: LINDA McCULLOCH
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406) 444-3665

FAX: (406) 444-3976

WEB SITE: sos.mt.gov

Required Filing Fee: \$20.00

- 24 Hour Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

Must check 1 box:

- Limited Partnership (name must contain "limited partnership" or "l.p." or "lp" designation ([35-12-505, MCA](#)))
 Limited Liability Limited Partnership (name must contain limited liability limited partnership" or "l.l.l.p. "lllp" ([35-12-505, MCA](#)))

1. The name of the foreign limited partnership in state of origin ([35-12-505, MCA](#) or [35-12-1312, MCA](#)):

2. The state in which it was formed: _____, and the date of its formation in such state: _____

3. Attached is a Certificate of Existence currently dated (within 6 months) issued by the Secretary of State or other official having custody of the foreign LP's or LLLP's publicly filed records in the state of or other jurisdiction.

4. The business mailing address of the office required to be maintained in the state of formation and/or the business mailing address of the principal office ([35-12-1302, MCA](#)).

5. The name and address of the Registered Agent for service of process in Montana:

Appointment of Registered Agent is confirmation of consent.

Name: _____

Street Address: _____

Mailing Address (if different from street address): _____

City: _____ State: **MT** Zip Code: _____

Signature of Registered Agent: _____

6. The name and business mailing address of each **general** partner (attach a listing if necessary) _____

7. **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this Application are true and submitted for the purposes of registering a Limited Partnership.

Signature of General Partner: _____ Date: _____

Daytime Contact: Phone _____ Email _____

HELP SHEET: Application for Registration of Foreign Limited Partnership

Complete this form before transacting business in the state of Montana as a foreign limited partnership. A foreign limited partnership may not file and defend any action, suit, or proceeding in any court in Montana before registering with the Secretary of State. ([35-12-1307, MCA](#))

Item 1

If the name your business intends to transact business under in Montana is different than the business name used in other states, please list both. ([35-13-1312, MCA](#))

Item 5

Agent must be a resident of Montana, a domestic corporation, or a foreign corporation authorized to do business in Montana. ([35-12-1302, MCA](#) & [35-7-105, MCA](#))

Item 7

If listing general and limited partners please designate general from limited when listing their names and addresses. Please note that if a general partner is an entity name rather than an individual, that entity must be registered and in good standing with the Montana Secretary of State.

This form **MUST** be signed by a general partner.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM