

STATE OF MONTANA

REGISTRATION of FOREIGN LIMITED LIABILITY PARTNERSHIP APPLICATION
[35-10-701, MCA](#) [35-10-710, MCA](#)



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

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

(This space for Secretary of State use only)

Required Filing Fee: \$20.00
 24 Hour Priority Handling check box & **Add \$20.00**
 1 Hour Expedite Handling check box & **Add \$100.00**

If the document is hand written, please print legibly or the application may be denied.

1. The Limited Liability Partnership name is (must include "Limited Liability Partnership", "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP" [35-10-703, MCA](#)).

2. Description of the business transacted: _____

3. The State or Country of Jurisdiction is: _____

4. The date of first use, in commerce, in its state/country of jurisdiction of the Limited Liability Partnership is (cannot be a future date): _____.

5. The business mailing address of the LLP is: _____

City: _____ State: _____ Zip Code: _____

6. List the names and business mailing addresses of each of the partners:
At least two partners must be listed. For additional names, attach a separate sheet of paper.

7. **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.
• I further appoint the Montana Secretary of State to serve as the Montana agent for service of process for the above identified LLP.
• I further certify that all listed partners that are entities other than individuals are registered with their state or country of jurisdiction.

Date

Signatures of at least **two** Partners are required _____ Date

Daytime Contact: Phone _____ Email _____

HELP SHEET: Application for Registration of Foreign LLP

ITEM 1

When listing the name to be registered, please type or print clearly, emphasizing the spaces in the name, especially between initials.

The business name of a LLP must include terminology to indicate its limited liability status such as "Limited Liability Partnership" or "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP".

ITEM 3

If mailing address changes, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.

Registrations of Limited Liability Partnerships are required to renew every five years. ([35-10-715, MCA](#))

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