

Application for Issuance of a Certificate of Registration as a

Limited Liability Partnership (LLP)

FOR OFFICE USE ONLY

\$ _____
 No check enclosed
File No. _____

Complete the entire form. Please read the instructions. A \$50 per partner (not to exceed \$2,500) non-refundable fee must accompany this application. Make check payable to State Bar of California.

1. Name of LLP

2. Address for State Bar LLP Purposes

3. Contact Person Name and Phone Number

_____ () _____

Is the mailing address of the contact person different than the LLP's mailing address in number 2 above?

Yes No If yes, insert contact person address below:

Do you want all State Bar LLP mail (including the Annual Renewal of Certificate of Registration form) to be sent to the LLP address in number 2 above, or to the contact person address?

Check one: LLP Address Contact Person Address

4. Partner(s) Authorized to Act on Behalf of the LLP

5. Complete and Attach the Following:

- Attachment 1, LLP Partners
- Attachment 2, Non-Partners
- Attachment 3, Declaration of Compliance with Rule 1-400, Rules of Professional Conduct of the State Bar of California.
- Secretary of State Certification. Attach an original certified copy (including the cover with red date stamp) of the Secretary of State's Registered Limited Liability Partnership Registration (LLP-1). The form is available from the office of the Secretary of State.

If this application is submitted without all required attachments listed above, certification cannot be issued with this application and will not be processed until the attachments are received in our office.

6. Declaration I am _____
(Name of Partner Authorized to Act on Behalf of the LLP)

and as such I have read the foregoing application and any attachments to it and know the contents thereof, and the same are true of my own knowledge. I declare under penalty of perjury under the laws of the State of California, that

the foregoing and any attachments to it are true and correct.

Executed on: _____

Signature: _____

Print Name: _____

NOTE: If the authorized partner is a law corporation, set forth the complete name of the corporation. A shareholder of the law corporation may sign on behalf of the corporation wherever the signature of the authorized partner is required. Please specify that you are signing on behalf of the corporation.

Return to: State Bar of California
Limited Liability Partnership (LLP)
Department No. 05017
P.O. Box 39000
San Francisco, CA 94139-5017
415/538-2100