

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP
STATE OF MAINE
CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**

(Mark box only if applicable)

This is a professional limited liability partnership* formed pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services:

(type of professional services)

<p>_____ Deputy Secretary of State</p> <hr/> <p>A True Copy When Attested By Signature</p> <hr/> <p>_____ Deputy Secretary of State</p>
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Pursuant to [31 MRSA §822](#), the undersigned executes and delivers the following Certificate of Limited Liability Partnership:

FIRST: The name of the registered limited liability partnership is:

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP" - [31 MRSA §803-A](#))

SECOND: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

THIRD: Pursuant to [5 MRSA §105.2](#), the registered agent as listed above has consented to serve as the registered agent for this limited liability partnership.

FOURTH: The name and business, residence or mailing address of the contact partner is:

Name	Address

FIFTH: Other provisions of this certificate, if any, that the partners determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

Partner(s)**

Dated _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Partner(s) which are Entities**

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

***Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

Certificate **MUST be signed by:

- (1) one or more **partners** who are authorized **OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752**

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person to return the attested copy of the completed filing:

(Name of attested copy recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service

Department of the Secretary of State
Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS

Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330