

LLP-1**Application to Register a
Limited Liability Partnership (LLP)**

To register an LLP in California, fill out this form, and submit for filing along with:

- A **\$70** filing fee, and
- If the LLP is formed in another state or country, a certificate of good standing, issued within the last six (6) months by the agency where the LLP is formed.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form.

Attach extra pages if you need to include any other matters.

Important! LLPs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

This Space For Office Use Only

For questions about this form, go to: www.sos.ca.gov/business/be/filing-tips.htm

Name to be used for this LLP in California

①

Proposed LLP Name _____

The name **must** end with: "Registered Limited Liability Partnership," "Limited Liability Partnership," "L.L.P.," "LLP," "R.L.L.P.," or "RLLP."

Place of Formation

②

The LLP is registering as a (check only one box):

- a. California registered LLP formed under the laws of California.
 b. Foreign LLP formed under the laws of _____

List the state or country where the foreign LLP is formed.

LLP Addresses

③

a. _____
 Street Address of Principal Office City (no abbreviations) State Zip

b. _____
 Mailing Address of Principal Office, if different from 3a City (no abbreviations) State Zip

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your agent to accept service of process in case the LLP is sued. You may list any adult who lives in California. You may **not** list an LLP as your agent.)

④

a. _____
 Agent's Name

b. _____
 Agent's Street Address (if agent is **not** a corporation) City (no abbreviations) **CA** State Zip

Type of Business

⑤

The business in which the LLP is engaged is (check only one box):

- The practice of Architecture The practice of Engineering The practice of Land Surveying
 The practice of Law The practice of Public Accountancy
 Related to: _____

List the name of the LLP to which your LLP is related, exactly as it appears on the records of the California Secretary of State. A related LLP is a California registered LLP that practices public accountancy or law, or is a foreign LLP.

Read and sign below: This form must be signed by one or more authorized partners, or if registering a foreign LLP, by a person with authority to do so under the laws of the state or country where the foreign LLP is formed. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this registration.



Sign here _____

Print your name here _____

Your business title _____

Make check/money order payable to: **Secretary of State**
 Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
 Secretary of State
 Business Entities, P.O. Box 944228
 Sacramento, CA 94244-2280

Drop-Off
 Secretary of State
 1500 11th Street, 3rd Floor
 Sacramento, CA 95814



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company: _____

Address: _____

City/State/Zip: [_____]

Secretary of State Use Only	
T/TR:	_____
AMT REC'D:	\$ _____

