

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR REGISTRATION OF A LIMITED LIABILITY PARTNERSHIP /
APPLICATION FOR RENEWAL OF A LIMITED LIABILITY PARTNERSHIP**

Limited Liability Partnership – Domestic

Filing Fee - \$100.00

Pursuant to South Carolina Code of Laws §33-41-1110, the undersigned submits the following to apply to become a South Carolina limited liability partnership. Registration is effective for one year after the date an application is filed unless it is voluntarily withdrawn.

Check the appropriate box: ☐ Original Application ☐ Renewal Application

1. The name of the limited liability partnership is:

***S.C. Code of Laws §33-41-1120 requires that the name of a registered limited liability partnership must contain the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P." as the last words or letters of its name.**

2. Provide a brief statement of the business the limited liability partnership engages in.

3. The registered office of the limited liability partnership is:

(Street Address)

(City, State, Zip Code)

And the registered agent at such address is:

(Print Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

Name of Limited Liability Partnership

4. If the registered limited liability partnership's principal office is not located in South Carolina, provide the address of the principal office.

(Street Address)

(City, State, Zip Code)

5. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. _____
6. The registered limited liability partnership has the following number of partners _____
7. The registered limited liability partnership has complied with all the requirements of Chapter 41 of Title 33 of the 1976 S.C. Code of Laws, as amended. The partner or partners executing this application constitute more than a majority in interest of the partners or are otherwise authorized to execute this application.

Date: _____

Signature of Partner

Type or Print Name

Signature of Partner

Type or Print Name

Helpi 'Ej gemkuv'

- Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
- If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
- \$100.00 made payable to the South Carolina Secretary of State
- Make sure the proper person has signed the document. Pursuant to the 1976 S.C. Code of Laws, as amended, §33-41-1110, the application must be executed by a majority in interest of the partners or by one or more partners authorized to execute an application.
- Return all documents to:

Secretary of State
Attn: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201