

FORM **UPA-1102**

October 2020

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

**Payment must be made by certified check, cashier's check, money order, Illinois attorney's check or Illinois C.P.A.'s check. If a check is returned for any reason, this filing will be void.**

Illinois

Uniform Partnership Act  
**Statement of Foreign Qualification**

FILE #

This space for use by Secretary of State.

**SUBMIT IN DUPLICATE**

Type or print clearly.

**Filing Fee:** \$500

**Approved:**

Federal Employer Identification Number (FEIN): \_\_\_\_\_  
(Required to file)

1. Partnership name: \_\_\_\_\_  
(Name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," or "RLLP," "LLP")

2. State of jurisdiction: \_\_\_\_\_

3. Address of Chief Executive Office:

\_\_\_\_\_  
Street Address (Must be a street address. P.O. box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

4. If different from address in #3, street address of an office in this state, if any:

\_\_\_\_\_  
\_\_\_\_\_

5. Registered agent's name and registered office address (must be an Illinois resident or company):

Registered agent: \_\_\_\_\_  
First Name Middle Initial Last Name

Registered office: \_\_\_\_\_  
Number Street Suite #  
IL  
City ZIP

6. Brief statement of the business in which the partnership engages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Total number of partners: \_\_\_\_\_

8. The partnership hereby applies for foreign qualification status as a Limited Liability Partnership.

9. Registration application is effective on (check one):

a) the filing date

b) another date later than, but not more than, 30 days subsequent to the filing date: \_\_\_\_\_  
Month, Day, Year

**10. This application is accompanied by a Certificate of Good Standing (within the last 30 days) from the domicile state or country wherein the LLP is formed.**

11. The undersigned declares, under the penalty of perjury, under the laws of the State of Illinois, that the foregoing is true, correct and complete.

Executed on the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by at least two partners.  
Day Month Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Number, Street Address

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Number, Street Address

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
City, State, ZIP

If additional space is required, continue in the same format on a plain white 8.5x11" sheet of paper.