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## Filing Form Cover Letter

**Please return the approval certificate to:**

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



**Mail this form to one of the following:**

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.)

P.O. Box 1390 **Requires an additional \$100.00.**

Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

**Statement of Foreign Qualification**  
**(Limited Liability Partnership)**  
**Filing Fee: \$99**  
**(105-PLF)**  
**Form Must Be Typed**

**Foreign Limited Liability Partnership must attach evidence of existence in its jurisdiction of formation.**

**Complete this section only if an existing partnership or limited partnership, previously registered in our office is filing this form to become a limited liability partnership.**

If a pre-existing limited partnership registered with the secretary of state elects to become a foreign limited liability partnership, provide the registration number of the pre-existing limited partnership.

Registration Number

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a foreign limited liability partnership, provide the registration number.

Registration Number

**All registrants must complete the remainder of the form to create a new LLP, or if you have provided a registration number above and you wish to have your pre-existing partnership or limited partnership become a LLP.**

Name of Foreign Limited Liability Partnership

Name must end with one of the following phrases or abbreviations: "registered limited liability partnership," "limited liability partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP."

Jurisdiction of Formation

Effective Date  
**(Optional)**

**(The status of the partnership or limited partnership as a limited liability partnership begins upon the filing of the statement or on a later date specified.)**

Address of the partnership's chief executive office

Mailing Address

City

State

ZIP Code

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City

State

ZIP Code

If the partnership **does not** have an office in Ohio, provide the name and address of the partnership's agent for service of process

Name of Agent

Mailing Address

City

State

ZIP Code

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Must be signed by a authorized representative.

Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

## Instructions for Statement of Foreign Qualification

Pursuant to Ohio Revised Code §1776.86, a foreign limited liability partnership must file this form with the secretary of state prior to transacting business in Ohio. Ohio Revised Code §1776.88 sets forth certain the activities of a foreign limited liability partnership that do not constitute transacting business.

If a limited partnership that is registered with the secretary of state is qualifying to become a foreign limited liability partnership, the limited partnership's registration number must be provided. When the limited partnership becomes a limited liability partnership, it will not be given a new registration number. It will use the same registration number previously assigned to the limited partnership pursuant to Ohio Revised Code §1782.64.

If a partnership that has previously filed a statement under Chapter 1776 of the Ohio Revised Code elects to become a limited liability partnership, the partnership's registration number must be provided when the partnership becomes a limited liability partnership. It will not be given a new registration number. It will be the same registration number previously assigned to the partnership.

### **Name of Partnership**

The name of the partnership must be provided. Pursuant to Ohio Revised Code §1776.86(A)(1), the name of a limited liability partnership shall satisfy the requirements of the state or other jurisdiction under whose law it is formed and shall end with "registered limited liability partnership," "limited liability partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP."

### **Address of Partnership**

The partnership must provide the address of its chief executive office and that of one office in Ohio, if an Ohio office exists. If the chief executive office is located in Ohio, provide only that address.

### **Appointment of Agent**

If the partnership does not have an office in this state, the limited liability partnership must provide the name and address of an agent for service of process. The agent of a limited liability partnership must be one of the following (1) an individual who is a resident of Ohio or (2) a corporation (for-profit or nonprofit), business trust, estate, trust, partnership, limited liability company, association, joint venture, government, governmental subdivision, agency, or instrumentality, or any other legal or commercial entity in its own or any representative capacity, in each case whether domestic or foreign, authorized to do business in Ohio.

### **Effective Date**

An effective date may be provided but is not required. The qualification of a limited liability partnership begins upon filing of the statement of qualification or on a later date specified in the statement.

### **Evidence of Existence**

The foreign limited liability partnership must attach evidence of existence in its jurisdiction of formation (origin). A certificate of existence from the state of origin fulfills this requirement.

**Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

**Signature(s)**

After completing all information on the filing form, please make sure that the form is signed by an authorized representative of the limited liability partnership.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**