



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

STATEMENT OF FOREIGN QUALIFICATION

Foreign Limited Liability Partnership

AS 32.06.922

Filing Fee: \$150.00

INSTRUCTIONS *(Please retain for your records):*

Refer to Alaska Statutes 32.06.922. Before transacting business in the State of Alaska, a foreign limited liability partnership must file a statement of foreign qualification. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.

ITEM 1: Legal Name of Corporation

The legal name of the limited liability partnership as registered in the home state, the name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP": The limited liability partnership name may not contain a word or phrase that indicates or implies that the limited liability partnership is organized for a purpose other than the purpose contained in its Statement of Qualification The name must be distinguishable upon the record. To search the availability of the legal name of the limited liability partnership in the State of Alaska go to the Corporations Section at www.commerce.alaska.gov/occ and select Search Corporations Database.

The entity must be in good standing in their state of domicile, before we can issue a certificate of authority, please check the box.

ITEM 2: Assumed Name

The assumed name the corporation elects to use in Alaska if the legal name is not available. To search the availability of the legal name of the corporation in the State of Alaska click Search Corporations on the left hand side of the Forms and Fees page of our website.

ITEM 3: State & Country of Domicile

Provide the state and country of domicile.

ITEM 4: Registered Agent

The registered agent of this foreign LLP must be an individual (a natural person) who is a resident of Alaska, or a corporation (excluding LLC, LP, and LLP) registered and in good standing with this office. The registered agent is statutorily responsible for receiving and forwarding processes, notices, or demands on to the last known address of the entity. A LLP may not act as a registered agent. A physical address and a mailing address in the State of Alaska must be given.

ITEM 5: Address of the partnership's chief executive office

Provide the address of the chief executive office.

ITEM 6: Address of the partnership's chief executive office in Alaska

Provide the street address of the office in Alaska.

ITEM 7: Effective Date

The partnership may choose a deferred effective date upon which the Statement of Qualification will become active in the State of Alaska.

ITEM 8: Signatures

The printed name and signature of the partners (at least two) who is a natural person of the age of 18 years or more.

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Statement of Foreign Qualification and the \$150.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received. To file your application online for immediate processing, visit our website at: www.commerce.alaska.gov/occ.

ADDITIONAL RESOURCES:

- **Professional License:**

For information regarding what professions require a Professional License, statutes, how to obtain a Professional License, and/or the expiration date if you already have a Professional License, go to the Professional License Section of our website at www.commerce.alaska.gov/occ.

- **Business License:**

For the privilege of engaging in a business in the State of Alaska, a Business License is required for a new entity. For information regarding business licenses, statutes, and how to obtain a Business License, go to the Business License Section of our website at www.commerce.alaska.gov/occ.

- **Alaska Corporate Net Income Tax**

Every corporation earning gross income from sources within the state, except for those corporations that are specifically exempted, must file a corporation net income tax return. Contact the Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau, Alaska, 99811-0420, telephone number (907) 465-2320 for more information.



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CORP

**STATEMENT OF FOREIGN QUALIFICATION
 Foreign Limited Liability Partnership
 AS 32.06.922**

\$150.00 Filing Fee

Pursuant to AS 32.06.922, the undersigned partnership applies for a Certificate of Foreign Qualification and, for that purpose, submits the following statement:

ITEM 1: The legal name of the limited liability partnership as registered in the home state, the name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP":

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This foreign entity is active and in good standing in the state/country of domicile.

ITEM 2: The assumed name the corporation elects to use in Alaska if the legal name is not available:

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ITEM 3: The state & country of domicile:

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ITEM 4: Registered agent name and address (must include a physical and mailing address in Alaska):

Full Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

ITEM 5: The address of the partnership's chief executive office (wherever located):

Name:			
Physical address:			
Mailing address:			

ITEM 6: The street address of the office in Alaska:

Name:			
Physical address:	City:	AK	Zip Code:
Mailing address:	City:	AK	Zip Code:

ITEM 7: Effective date of qualification if deferred from date of filing (mm/dd/yyyy format): ___/___/___

ITEM 8: Signatures

The statement filed by a partnership must be executed by at least two partners.

Signature of Partner	Printed Name of Partner	Date
Signature of Partner	Printed Name of Partner	Date

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

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of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>