



Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *Corporations.Alaska.Gov*

Certificate of Registration for Foreign Limited Partnership

Foreign Limited Partnership (AS 32.11 and AS 32.06)

- This form is only for Foreign (non-Alaskan) Limited Partnerships.
- Submit this filing hardcopy via fax or U.S. Mail, along with its payment.
 - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10 – 15 business days. During heavy filing seasons, October – February, the processing time will be delayed. Filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

1. Important:

A Limited Partnership has a duration of five years.

- Per AS 32.11.890 if it is not provided for in this chapter (AS 32.11) then the provisions of AS 32.06 govern, except as provided by AS 10.55.
- AS 32.06.303(g)...partnership authority is canceled (dissolved and ceases to exist) five years after the date this form is filed for record or the most recent amendment is filed for record.

2. Fee:

\$150 Nonrefundable Filing Fee (CORF)

3 AAC 16.075(a)

Mail this form and the non-refundable \$150 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Legal Name:

AS 32.11.440 and AS 32.11.810

The legal name of the Foreign Limited Partnership must (mandatory) include the words "Limited Partnership" without abbreviations. The name of the Foreign Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.

Name: _____

4. Assumed Name, if legal name not available:

AS 32.11.420(1), AS 32.11.440 and 32.11.810

If the legal name of this Foreign Limited Partnership (used in its home state) is not available to be used in Alaska, then you must provide an assumed name the Foreign Limited Partnership elects to use in the State of Alaska. The legal name of the Foreign Limited Partnership must (mandatory) include the words "Limited Partnership" without abbreviations. The name of the Foreign Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.

Assumed Name: _____

5. Active and Good Standing in Home State

AS 10.06.950

This limited partnership must be current and in Good Standing in its home state/country to be registered in this State. Check the below box if the statement is true as of the date and time of this filing:

This Foreign Limited Partnership is active and in good standing in its home state/country of domicile.

6. Home State/Country and Date of Formation:

AS 32.11.420(2)

The state of domicile or "home state" of this limited partnership:

Date of formation in state of domicile:

_____|_____|_____
mm dd yyyy

7. Duration: Five (5) Years

AS 32.11.890 and AS 32.06.303(g)

IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership in this state is canceled (dissolved and ceases to exist) **FIVE YEARS** after the date this form is filed for record or the most recent amendment for this entity filed for record.

The Duration Date will automatically be for five years after the date this form is filed for record.

— or —

I am selecting a duration period of **less than five (5) years**.

Duration Date:

_____|_____|_____
mm dd yyyy

8. Purpose:

AS 10.06.950

The stated purpose of the Limited Partnership per the partnership agreement is:

9. NAICS Code:	AS 10.06.950
<p>Provide the 6-digit Alaska NAICS Code that most closely aligns with the stated purpose and activities of the limited partnership per the partnership agreement.</p> <p>For more information about NAICS Codes, go to: www.Corporations.Alaska.Gov</p>	
Alaska NAICS Code:	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 5px;"></div> </div>

10. Registered Agent:	AS 32.11.420(3)
<p>Registered agent name, physical and mailing address <u>must</u> (mandatory) be <u>in Alaska</u>.</p> <p>The registered agent <u>must</u> (mandatory) be an individual resident of Alaska or a corporation authorized to do business in Alaska. It cannot be a non-corporation, LLC, LLP, LP, etc.</p> <p>For more information about registered agents go to www.Corporations.Alaska.Gov</p>	
Complete Name:	
Physical Address:	
Mailing Address:	
<p><input type="checkbox"/> The Registered Agent is NOT a Corporation.</p> <p><input type="checkbox"/> The Registered Agent IS a Corporation and its Entity Number is: _____</p>	

11. Required Statement:	AS 32.11.420(4)
<p>The commissioner is appointed the agent of the Foreign Limited Partnership for service of process in the event that the Foreign Limited Partnership fails to appoint or maintain a registered agent. AS 32.11.420(4)</p> <p>Important: Failure to appoint or maintain a registered agent will put the Foreign Limited Partnership into Non-Compliance status per AS 31.11.830.</p>	

12. Principle Office in Home State: (wherever)	AS 32.11.420 (5)
Physical Address:	
Mailing Address:	

13. Office in Alaska: (if any)	AS 32.11.420 (5)
Physical Address:	
Mailing Address:	

14. Administrative Office: (wherever)		AS 32.11.420 (7)
<p>The address of the office at which is kept a list of the names and addresses of the Limited Partners and their capital contributions, together with an undertaking by the Foreign Limited Partnership to keep those records until the Foreign Limited Partnership's registration in this state is canceled or withdrawn.</p>		
Physical Address:		
Mailing Address:		

15. General Partners:		AS 32.11.420(6)
<p>The names and mailing addresses of <u>each</u> General Partner.</p> <p>NOTE: Per AS 32.11.040, General Partners have the authority to execute filings with this office on behalf of the entity.</p>		
Full Legal Name:		
Mailing Address:		
Full Legal Name:		
Mailing Address:		
Full Legal Name:		
Mailing Address:		

16. Limited Partners:		AS 32.11.030
<p>The names and mailing addresses of <u>each</u> Limited Partner. Attach additional sheets as necessary.</p> <p>NOTE: Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.</p>		
Full Legal Name:		% Owned
Mailing Address:		
Full Legal Name:		% Owned
Mailing Address:		
Full Legal Name:		% Owned
Mailing Address:		

17. Any Other Matters:

AS 32.11.010(a)(4)

Any other matters the General Partners determine to include, and may be amended in the future, per AS 32.11.020. Attach additional sheets as necessary.

18. Signatures:

AS 32.11.420

The Certificate of Registration for Foreign Limited Partnership must (mandatory) be signed by a General Partner. 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.

If signing on behalf of General Partner which is an entity, then identify the signer's relationship and signing authority with the General Partner. For example: John Smith, President XYZ Inc the General Partner of ABC Limited Partnership.

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

IMPORTANT: Additional licensing requirements with this division.

- Per AS 43.70.020 prior to engaging in business activity in this state you must (mandatory) obtain an Alaska Business License. For more information, go to: www.BusinessLicense.Alaska.Gov
- If you are engaging in any business activity which requires professional licensure you must (mandatory) obtain it prior to applying for an Alaska Business License. For more information, go to: www.ProfessionalLicense.Alaska.Gov



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

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FOR DIVISION USE ONLY

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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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FOR DIVISION USE ONLY

State of Alaska
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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

Application Fee: _____

License or Renewal Fee: _____

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>
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