



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](http://www.commerce.alaska.gov/occ)

## **STATEMENT OF QUALIFICATION**

### **Domestic Limited Liability Partnership**

### **AS 32.06.911**

**Filing Fee: \$150.00**

#### **INSTRUCTIONS** *(Please retain for your records):*

**Refer to Alaska Statutes 32.06.911. 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: Name of Corporation**

The legal name of the limited liability partnership, the name must end with "Limited Liability Partnership," "L.L.P.," 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](http://www.commerce.alaska.gov/occ) and select Search Corporations Database.

#### **ITEM 2: Registered Agent**

The registered agent of this domestic 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 3:** Provide the address of the partnership's chief executive office.

**ITEM 4:** Provide the street of the office in Alaska.

**ITEM 5:** This statement is required by statute and states that the partnership elects to be an LLP.

**ITEM 6:** The partnership may choose a deferred effective date upon which the Statement of Qualification will become active in the State of Alaska.

#### **Signatures**

Provide the printed names and signatures of the partners (at least two) who are both natural persons of the age of 18 years or more.

Mail the Statement of 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](http://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](http://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](http://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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DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

**STATEMENT OF QUALIFICATION**  
**Domestic Limited Liability Partnership**  
**AS 32.06.911**

**\$150.00 Filing Fee**

Pursuant to Alaska Statutes 32.06.911, the undersigned partnership applies for a Certificate of Qualification and, for that purpose, submits the following statement:

**ITEM 1:** The legal name of the limited liability partnership, the name must end with "Limited Liability Partnership," "L.L.P.," or "LLP":

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**ITEM 2:** 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 3:** The address of the partnership's chief executive office (wherever located):

Name:
Physical address:
Mailing address:

**ITEM 4:** The street address of the office in Alaska:

Name:
Physical address:
Mailing address:

**ITEM 5:** The partnership elects to be a limited liability partnership.

**ITEM 6:** Effective date of qualification if deferred from date of filing (mm/dd/yyyy format): \_\_\_/\_\_\_/\_\_\_

**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

Mail the Statement of Qualification and the \$150.00 filing fee in U.S. dollars to:  
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THE STATE  
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**

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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>