



THE STATE
of

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

Corporations Section

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: Corporations@Alaska.Gov

Website: Corporations.Alaska.Gov

Statement of Qualification - Domestic Limited Liability Partnership Instructions (AS 32.06.911)

GENERAL INFORMATION & RESOURCES

This Statement of Qualification form will create a Domestic (Alaskan) Limited Liability Partnership.

Submission: Submit this application via U.S. mail (do not e-mail). For hard copy filings, processing times may be up to 3 weeks from the date received. Between October and February, the processing time may be delayed due to renewals. Do not duplicate submissions; this can cause delays and duplicate payments.

Need help? Go to www.Corporations.Alaska.Gov and click "Create or File for a New Entity." This will provide expanded information and guidance concerning the contents of this application. If you do not find the answer to your question at that webpage, e-mail our office at Corporations@Alaska.Gov.

AFTER YOUR ENTITY IS REGISTERED:

Professional Licensing Section (if applicable): Business activities requiring a professional (occupational) license must obtain the appropriate licensing through www.ProfessionalLicense.Alaska.Gov.

Business Licensing Section: An entity must obtain an Alaska business license prior to engaging in business. An Alaska business license may be applied online through www.BusinessLicense.Alaska.Gov, click "New Alaska Business License."

Other agencies: Depending on the type of work and location, an entity may be required to hold other licenses, registrations, or permits on a municipal, state, or federal level to legally conduct its business activities. It is advised the business conducts a thorough search to ensure compliance with municipal, state, and federal agencies.

FUTURE FILINGS (CORPORATIONS SECTION):

Biennial Report: These reports are due every two (2) years to maintain your entity's status. See also: www.Corporations.Alaska.Gov, click "Biennial Report FAQs."

Registered Agent: When there are changes to the Registered Agent and/or their addresses in Alaska, submit a Change of Registered Agent form. The Registered Agent must be in Alaska, and this information must be kept updated. See also: www.Corporations.Alaska.Gov, click "Registered Agent FAQs."

For more information, go to www.Corporations.Alaska.Gov to open "Notice: The Entity's Responsibility" and review a variety of resources, forms, and FAQs.

You may keep this information sheet for your records. You do not need to submit this with your application.



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Statement of Qualification

Domestic Limited Liability Partnership (AS 32.06.911)

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee	\$150.00
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PART II Legal Name

The legal name must end with "Registered Limited Liability Partnership," "Limited Liability Partnership," or an abbreviation of these words.

Legal Name:	
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PART III Registered Agent Information

The registered agent's legal name, physical address, and mailing address within Alaska. The registered agent may be a corporation (excluding LLC, LP, or LLP) or an individual with a physical location in Alaska. *The agent must be in Alaska and cannot be out-of-state.*

Registered Agent Name:			
Physical Address:	Street	City	State Alaska (mandatory)
Mailing Address:	P.O. Box or Street	City	State Alaska (mandatory)

PART IV Entity's Addresses

The partnership's chief executive office addresses (wherever located).

Name:			
Physical Address:	Street	City	State Zip
Mailing Address:	P.O. Box or Street	City	State Zip

PART V Office in Alaska

The address of the office in Alaska. If there is no office in Alaska, list the partnership's registered agent addresses.

Name:				
Physical Address:	Street	City	State Alaska (mandatory)	Zip
Mailing Address:	P.O Box or Street	City	State Alaska (mandatory)	Zip

PART VI Required Statement

The partnership elects to be a limited liability partnership.

PART VII Future Effective Date (Optional)

If different from the date of this filing, provide the deferred (future) effective date of this qualification:

MM/DD/YYYY

PART VIII Partners

The legal name and address of at least 2 partners. *Attach an additional sheet if necessary.*

Legal Name	Mailing Address

PART IX Signatures

The statement of qualification must be signed by at least 2 partners. *Attach an additional sheet if necessary.*

I understand it is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Printed Name of Partner	Signature of Partner	Date Signed



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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.

PART I Entity Information

Enter your entity information as it appears on this filing.

Entity Name:

Alaska Entity Number:

PART II Contact Information

Whom may we contact with any questions or problems with this filing?

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip

Email Address:

Phone Number:

PART III Document Return Address

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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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:			
Profession Type (e.g., Acupuncture):		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 (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		