



**ARTICLES OF REGISTRATION
DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)**

State Form 51572 (R10 / 05-24)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

| |
|---|
| Name of business |
| E-mail address of business (SOS use only) |

RETURN DOCUMENTS TO:

| | | |
|----------------------------|---|----------|
| Name | | |
| Street address, line 1 | | |
| Street address, line 2 | | |
| City | State | ZIP code |
| Telephone number () | E-mail address (If different from above – SOS use only) | |





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Indiana Code 23-4-1-45
23-0.5-9-7

FILING FEE: \$100.00

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of the Domestic Limited Liability Partnership *(The name must include the words Limited Liability Partnership or an abbreviation thereof.)*

Address of Principal Office *(number and street)*

City

State

ZIP code

ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

Commercial registered agent

Name of registered agent *(Do not provide address.)*

OR

Noncommercial registered agent

Name of registered agent

Address *(number and street)* *(A P.O. Box is not acceptable unless accompanied by a Rural Route number.)*

City

State

IN

ZIP code

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Registration has consented to the appointment of Registered Agent.

ARTICLE III – STATEMENT OF PURPOSE

Please give a brief statement describing the business in which the Limited Liability Partnership is engaged.

SIGNATURE

In Witness Whereof, the undersigned executes this Registration of Limited Liability Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true, this _____ day of _____, 20_____.

Signature

Printed name

Title