Office of the Minnesota Secretary of State

Minnesota Limited Liability Partnership | Statement of Qualification

Minnesota Statutes, Chapter 323A

Read the instructions before completing this form.

Filing Fee: $155 for expedited service in-person and online filings, $135 if by mail

This Statement of Qualification has been approved pursuant to *Minnesota Statutes,* Chapter 323A. This partnership elects to be a limited liability partnership.

Note: A professional partnership governed under Chapter 319B must include an attachment with the following information: (This information is only required if this is a professional partnership.)

1. Statement that the Minnesota firm elects to operate and acknowledges that it is subject to *Minnesota Statutes*, Chapter 319B.01 to 319B.12.
2. List the professional service the partnership is authorized to provide under *Minnesota Statutes*, Chapter 319B, subd 19.

A person who files a statement pursuant to this section shall promptly send a copy of the statement to every non-filing partner and to any other person named as a partner in the statement.

1. List the legal name of the partnership: (Required)

2. List the address of the partnership's chief executive office: (Required)

Street Address *(A PO Box by itself is not acceptable)* City State Zip

3. List an office address in Minnesota, if different than the chief executive office address:

Street Address *(A PO Box by itself is not acceptable)* City State Zip

4. If there is no office address in Minnesota, list the name and address of the registered agent in Minnesota:

Agent Name:

Street Address *(A PO Box by itself is not acceptable)* City MN State Zip

5. The effective date of this filing if different from the date of filing:

6. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of at Least Two Partners or of the Agent

If you are signing as the agent for additional parties and the parties are not named in this document, and the additional parties' signatures are required by law, please list your name in the box followed by "and as agent for (insert names of other parties)"

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Email Address for Official Notices
Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

☐ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Contact Name | Phone Number

Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.

Minnesota Business Snapshot
To better serve Minnesotans, the Secretary of State's Office has created the "Minnesota Business Snapshot," a short and simple survey produced with the input of business owners, business organizations, non-profits, and researchers from across the state. These five questions will take less than three minutes to complete, and you may answer any or all of them. There is no penalty if you choose not to provide this information. However, the answers you do provide will create a useful pool of information for potential customers and inform the analysis of our quarterly "Minnesota Economic and Business Condition Reports". We do not independently verify the answers applicants provide. **Again, this survey is voluntary and the answers are considered public data.** Thank you.

1. (Select up to one) - How many Minnesota – based full time employees (or FTE equivalents) does this entity currently have?

   ☐ 0-5
   ☐ 6-50
   ☐ 51-200
   ☐ 201-500
   ☐ Over 500

2. (Select all that apply) - Does the owner or a member of the ownership group of this entity self-identify as a member of any of the following communities?

   ☐ Woman
   ☐ Member of a community of color
   ☐ Veteran
   ☐ Member of a disability community
   ☐ Member of an immigrant community

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3. (Select up to one) - Using NAICS codes below, please select the code that best describes this entity. If you believe this entity falls into more than one category, please select the category that generates the majority of the entity's revenue.

- ☐ Agriculture, Forestry, Fishing and Hunting (Code 11)
- ☐ Mining (Code 21)
- ☐ Utilities (Code 22)
- ☐ Construction (Code 23)
- ☐ Manufacturing (Codes 31-33)
- ☐ Wholesale Trade (Code 42)
- ☐ Retail Trade (Codes 44-45)
- ☐ Transportation and Warehousing (Codes 48-49)
- ☐ Information (Code 51)
- ☐ Finance and Insurance (Code 52)
- ☐ Real Estate Rental and Leasing (Code 53)
- ☐ Professional, Scientific, and Technical Services (Code 54)
- ☐ Management of Companies and Enterprises (Code 55)
- ☐ Administrative and Support and Waste Management and Remediation Services (Code 56)
- ☐ Educational Services (Code 61)
- ☐ Health Care and Social Assistance (Code 62)
- ☐ Arts, Entertainment, and Recreation (Code 71)
- ☐ Accommodation and Food Services (Code 72)
- ☐ Other Services (except Public Administration) (Code 81)
- ☐ Public Administration (Code 92)

4. (Select up to one) Is this entity a full time or part time endeavor for those primarily responsible for operating this entity?

- ☐ Full time
- ☐ Part time

5. (Select up to one) - If applicable, what were this entity's gross revenues for the past year?

- ☐ $0 - $10,000
- ☐ $10,001 - $50,000
- ☐ $50,001 - $250,000
- ☐ $250,001 - $1M
- ☐ Over $1M

Print Reset

INSTRUCTIONS

File your business document online by visiting our website at www.sos.state.mn.us.

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

Only Professional Partnerships governed under Chapter 319B must include a statement that the MN firm elects to operate and acknowledges that it is subject to *Minnesota Statutes*, Chapter 319B.01 to 319B.12, and list the professional service under *Minnesota Statutes*, **Chapter 319B.02, subdivision 19**, the partnership is authorized to provide.

A person who files a statement pursuant to this section shall promptly send a copy of the statement to every non-filing partner and to any other person named as a partner in the statement.

1. List the legal name of the partnership. Limited Liability Partnerships must include the words or abbreviations: Registered Limited Liability Partnership, Limited Liability Partnership, R.L.L.P., L.L.P., RLLP, or LLP. A preliminary name availability check may be done by accessing our website at www.sos.state.mn.us.
2. List the complete street address of the chief executive office of the partnership, regardless of its location.
3. List an office address if different from the chief executive office. This must be a complete street address in Minnesota.
4. If the partnership has neither its chief executive office in Minnesota nor any other office in Minnesota, list the name and address of the agent of the partnership for service of process.
5. If applicable, list the effective date for this statement.
6. If this document is being filed on behalf of the partnership, it must be signed by at least two partners who are authorized to sign the registration or by an Authorized Agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).).

Email Address for Official Notices. This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime telephone number of a person who can be contacted about this form.

Minnesota Business Snapchat. This information is a snapshot of data at the point of time this filing was made. This information is voluntary and may be shared with other agencies or the public for data analysis.

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Payable to the MN Secretary of State

Please submit all items together and mail to the address below:

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.