

STATE OF MONTANA

REGISTRATION of DOMESTIC LIMITED LIABILITY PARTNERSHIP APPLICATION
[35-10-701, MCA](#)



MAIL: **LINDA McCULLOCH**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Prepare, sign, submit with an original signature and filing fee.
This is the minimum information required.

(This space for Secretary of State use only)

Required Filing Fee: \$20.00
 24 Hour Priority Handling check box & Add \$20.00
 1 Hour Expedite Handling check box & Add \$100.00

1. The Limited Liability Partnership name is (must include "Limited Liability Partnership", "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP" [35-10-703, MCA](#)).

2. Description of the business transacted under the Limited Liability Partnership:

3. The date of first use, in commerce, of the proposed Limited Liability Partnership is (*cannot be a future date*):
_____. If left blank, date of first use is date of filing in SOS office.

(Mo/Day/Year)

4. The name and business mailing address of each of the partners. For additional names and addresses attach a separate sheet of paper.

5. The business mailing address of the Limited Liability Partnership is:

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

6. I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true.

Date

Date

Signatures of at least **two** Partners are required.

Daytime Contact: Phone: _____ Email: _____

HELP SHEET: Application for Registration of LLP

If the document is hand written, please print legibly or the application may be denied.

The business name of a LLP must include terminology to indicate its limited liability status such as "Limited Liability Partnership" or "LLP" or, if professional, "Professional Limited Liability Partnership" or "PLLP".

Registration of a Limited Liability Partnership needs to be renewed every five years. ([35-10-715, MCA](#))

If the business mailing address of the LLP changes, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM