

FILING FEE: \$100.00

PRINT CLEARLY

**STATEMENT OF FOREIGN QUALIFICATION
LIMITED LIABILITY PARTNERSHIP**

Muscogee (Creek) Nation Secretary of the Nation, P.O. Box 580, Okmulgee, OK 74447, Telephone: (918) 732-7615

- 1a. The legal name of the limited liability partnership:
- 1b. The partnership was duly formed under the laws of the State/Country of: _____.

2. If different from the legal name, the name under which the partnership will conduct business:

(The name must end with **Registered Limited Liability Partnership, Limited Liability Partnership, R. L.L.P., L.L.P., RLLP, or LLP.**)

3a. The STREET address of the partnership's chief executive office:

and, if different:

3b. The STREET address of an office of the partnership in this Nation, if any:

4. If the partnership does not have an office in the Muscogee (Creek) Nation, the name and **STREET** address of the partnership's agent for service of process:

Agent Name	Street Address (P.O. Boxes are not acceptable)	City	Zip Code
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(The agent **must** be an individual who is a resident of this Nation or other person authorized to do business in the Muscogee(Creek)Nation.)

5. A deferred effective date, if any:

MUST BE EXECUTED BY AT LEAST TWO PARTNERS

The undersigned, for the purpose of filing a statement of qualification of limited liability partnership on behalf of the partnership named herein, pursuant to Title 3, Section 1-1102, personally declare under penalty of perjury, that the contents of this statement are accurate.

Signed and dated this _____ day of _____, _____

Signature

Print Name

Signature

Print Name