



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003 WEBSITE: www.concord-sots.ct.gov

APPLICATION FOR REGISTRATION OF NAME

FOREIGN LIMITED LIABILITY COMPANY

C.G.S. § 34-243m

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8^{1/2} X 11 SHEETS IF NECESSARY

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: MAILING ADDRESS: CITY: STATE: _____ ZIP: _____	FILING FEE: \$60 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"	
THE UNDERSIGNED HEREBY APPLIES FOR REGISTRATION OF THE FOLLOWING NAME:		
1. LIMITED LIABILITY COMPANY NAME: (MUST INCLUDE BUSINESS DESIGNATION SUCH AS L.L.C., LLC, ETC.)		
2. IF APPLICABLE: THE ALTERNATE NAME ADOPTED PURSUANT TO CGS § 34-275e (MUST INCLUDE BUSINESS DESIGNATION SUCH AS L.L.C., LLC, ETC.)		
3. STATE OR COUNTRY OF FORMATION:	4. DATE OF FORMATION: (MM/DD/YYYY)	
5. NAME OF APPLICANT: <u>REQUIRED</u>:		
6. ADDRESS OF APPLICANT: STREET: CITY: _____ STATE: _____ ZIP: _____ The registration of a name is effective for <u>one</u> year after the date of registration. The registration <u>may</u> be renewed by delivering, to the Secretary of The State, <u>not earlier than ninety days before the expiration date</u> , an application for renewal which complies with C.G.S. § 34-243m.		
7. EXECUTION: DATE (MM/DD/YYYY) _____		
NAME OF APPLICANT	CAPACITY/TITLE OF APPLICANT (print name/title if applicable)	SIGNATURE

INSTRUCTIONS:

Please complete and return this Application for Registration of Name to the Office of the Secretary of the State at the below referenced address.

1. Provide the exact name of the limited liability company in its state of formation. The name must include an appropriate limited liability company designation such as "LLC" even if not required in state of formation. See C.G.S. 34-243k.
2. If the name of the LLC in its state of formation is NOT available for use on the records of the Secretary of the State of Connecticut, an alternate name adopted pursuant to C.G.S. 34-275e may be provided. This name must also contain an appropriate limited liability company designation. See C.G.S. 34-243k.
3. Provide the state or country (if outside U.S.A.) of formation.
4. Provide the date of formation.
5. Provide the name of the applicant (person or entity) holding the name registration.
6. Provide the applicant's address (street, city, town, zip).
7. EXECUTION: Please print or type the complete legal name of the signatory, title (if signing on behalf of an entity) and signature. Note that the execution constitutes a statement made under the penalties of false statement that the information provided in the document is true.

A name registration is effective for one year after the date of registration and may be renewed for successive one year periods by filing, not earlier than 90 days from the expiration date of the registration, an application for renewal of registration of name. When filed, the renewal application renews the registration for a succeeding one-year period.

Please type or print all information.

OFFICE OF THE SECRETARY OF THE STATE**MAILING ADDRESS:**

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