

**FOREIGN
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**STATEMENT OF FOREIGN QUALIFICATION
TO CONDUCT ACTIVITIES**

Filing Fee \$250.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Liability Company in Jurisdiction of Organization)

Pursuant to [31 MRSA §1622](#), the undersigned limited liability company executes and delivers the following Statement of Foreign Qualification:

FIRST: If the name of the limited liability company in the jurisdiction of organization does not contain one of the words or abbreviations required by [31 MRSA § 1508.1](#) ("limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c"), the proposed name to be used in this State in compliance with this requirement is: * (If not applicable, so indicate.)

SECOND: If the name of the limited liability company in the jurisdiction of organization is unavailable pursuant to [31 MRSA §1508](#), the **fictitious** name under which it seeks authority to conduct activities in the State of Maine is: (If not applicable, so indicate.)

Form [FICT-4](#) accompanies this application. (See [31 MRSA § 1624.1](#))

THIRD: Date of formation: _____ Jurisdiction where formed: _____

Address of the principal office, wherever located:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FOURTH: The foreign limited liability company is a foreign limited liability company as defined in [31 MRSA §1502.11](#).

FIFTH: The nature of the business or purpose(s) to be conducted or promoted in the State of Maine is:

SIXTH: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

SEVENTH: Pursuant to [5 MRSA §105.2](#), the registered agent listed above has consented to serve as the registered agent for this limited liability company.

EIGHTH: The name and business, residence and mailing address of each manager (if any):

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

Names and addresses of additional managers are attached as Exhibit _____, and made a part hereof.

NINTH: The date on which the foreign limited liability company commenced or expects to commence conducting activities in the State of Maine is _____.

TENTH: Check only if applicable

This is a professional limited liability company qualified pursuant to [13 MRSA Chapter 22-A](#) to provide the following professional services (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services):

(type of professional services)

ELEVENTH: (Check if applicable)

The foreign limited liability company is governed by an agreement that establishes or provides for the establishment of designated series having separate rights, powers or duties with respect to specified property or obligations of the foreign limited liability company or profits and losses associated with specified property or obligations. Additional information required pursuant to [MRSA 31 §1622.2.J](#) are attached hereto as Exhibit _____, and made a part hereof.

TWELFTH: This statement of qualification is accompanied by a certificate of existence or such other document that the Secretary of State determines to be suitable for purposes of proving the valid existence of the foreign limited liability company under the law of the State or other jurisdiction listed in item Third. The certificate or other document must not have been issued more than 90 days before the delivery of this statement to the office of the Secretary of State.

Dated _____

(Authorized Signature**)

(Type or print name and capacity)

*The limited liability company name as used in the State of Maine must contain one of the following: "limited liability company" or "limited company" or the abbreviation "L.L.C.," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" – see [31 MRSA 1508](#)). If the limited liability company's name in its jurisdiction of organization complies with 31 MRSA § 1508 with the addition of these words, then no fictitious name filing is required pursuant to 31 MRSA §§ 1622.2.A and 1624.1.

Statement **MUST be signed by at least one **authorized person** ([31 MRSA §1676.1B](#)).

The execution of this statement constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/charter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name of attested copy recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service

Department of the Secretary of State
Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS

Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330