

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Application for Registration - Foreign**

(15 Pa.C.S.)

\_\_\_ Registered Limited Liability General Partnership (§ 8211)

\_\_\_ Registered Limited Liability Limited Partnership (§ 8211)

\_\_\_ Limited Partnership (§ 8582)

\_\_\_ Limited Liability Company (§ 8981)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**



Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:

\_\_\_\_\_

2. (If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):

The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

\_\_\_\_\_

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:

Jurisdiction:\_\_\_\_\_ Date of Formation:\_\_\_\_\_.

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
_____				

5. Check and complete one of the following:

\_\_\_\_\_ The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

\_\_\_\_\_

Number and street	City	State	Zip
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\_\_\_\_\_ It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

\_\_\_\_\_

Number and street	City	State	Zip
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6. *For Restricted Professional Limited Liability Company Only. Strike out if inapplicable:* The company is a restricted professional company organized to render the following professional service(s):

\_\_\_\_\_

**Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8**

7. The name and business address of each general partner.

Name	Business Address
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\_\_\_\_\_

\_\_\_\_\_

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

\_\_\_\_\_

Number and street	City	State	Zip	County
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The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Name of Partnership/Company

\_\_\_\_\_

Signature

\_\_\_\_\_

Title



Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057

Web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$250 made payable to the Department of State.
- B. *Designators: Limited Partnership:* The name may contain the word “company”, “limited” or “limited partnership” or abbreviation. *Limited Liability Partnership:* The name must contain the word “company”, “limited” or “limited liability partnership” or abbreviation. *Limited Liability Company:* The name must contain the word “company”, “limited” or “limited liability company” or abbreviation.
- C. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- D. The following, in addition to the filing fee, shall accompany this form:
- (1) *For Limited Liability Company Only:* One copy of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- E. Under 15 Pa.C.S. § 8981 or § 8583 upon the filing of this form the applicant shall be authorized to do business in the Commonwealth of Pennsylvania and no certificate of authority will be issued to the applicant by the Department.
- F. This form and all accompanying documents shall be mailed to the address stated above.