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FORM **602**  
Mandatory

**Statement of Qualification  
Limited Liability Partnership**

Sec. 178.0901 Wis. Stats.

1. Name of the partnership (see instructions):

2. Street and mailing addresses of its principal office (or, if different, the street address of an office in this state, if any):

3. Name of registered agent:	4. Street address of registered office in Wisconsin:
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5. The above named partnership elects to become a limited liability partnership.

6. This document is to be signed by a person(s) authorized by the partnership:

Execution date: \_\_\_\_\_

\_\_\_\_\_  
(Authorized person's signature)

\_\_\_\_\_  
(Authorized person's signature)

\_\_\_\_\_  
(Typed or printed name and title)

\_\_\_\_\_  
(Typed or printed name and title)

7. This document was drafted by \_\_\_\_\_  
(Name the individual who drafted the document)

Office Use Only

# DOMESTIC LIMITED LIABILITY PARTNERSHIP STATEMENT OF QUALIFICATION

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▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: \_\_\_\_\_

**INSTRUCTIONS** (Ref. sec. 178.0901, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, (fees not yet set by rule), payable to the department. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit [www.wdfi.org/contact\\_us/](http://www.wdfi.org/contact_us/) for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of a domestic limited liability partnership, or any fictitious name it may adopt, must contain the phrase “Registered Limited Liability Partnership,” “Limited Liability Partnership” or the abbreviation “R.L.L.P.,” “L.L.P.,” “RLLP” or “LLP”.
2. Provide the street and mailing addresses of the limited liability partnership’s principal office, or, if different, the street address of an office in this state, if any.
3. The limited liability partnership must continuously maintain, in Wisconsin, a registered agent. The partnership may not name itself as registered agent.
4. The limited liability partnership must continuously maintain, in Wisconsin, a registered office address, which is required to be the physical business office address of the registered agent.
5. This statement is required by sec. 178.0901(3)(d)
6. The document is to be executed by one or more persons authorized by the partnership.
7. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the individual who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.