



登记号:

REGISTRY NUMBER:

仅供办公使用  
For office use only

根据俄勒冈州修订法规第 192.410-192.490 款, 本申请表所载信息属于公共记录。我们必须根据要求向各方发布此信息, 并将其公布在我们的网站上。

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

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请用黑色墨水清楚地打印或书写。如有需要, 另加纸张。  
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) 名称

NAME:

注: 必须包含词语 "Limited Liability Partnership" 或缩写词 "LLP" 或 "L.L.P."。必须与原地管辖区的记录名称相同。

NOTE: Must contain the words "Limited Liability Partnership" or the abbreviation "LLP" or "L.L.P.". Must be identical to the name of record in home jurisdiction.

2) 登记所在州或国家

STATE OR COUNTRY OF REGISTRATION:

6) 主要业务活动简要说明:

BRIEF STATEMENT OF PRIMARY BUSINESS ACTIVITY:

登记日期:

Date of Registration:

3) 原地管辖区的登记号

REGISTRY NUMBER IN HOME JURISDICTION

或者 存在证明

OR: CERTIFICATE OF EXISTENCE

(随附)

(ATTACHED)

(请提供来自实体原地管辖区的可通过网络验证的登记号。某些州(如特拉华州和新泽西州)不提供在线状态信息。)

来自此类地点的实体必须改为随附正式的存在证明, 该证明在交付至本办事处 60 天内有效。)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

7) 至少两位合伙人的姓名和地址:

NAME AND ADDRESS OF AT LEAST TWO PARTNERS:

4) 企业主要办事处地址

ADDRESS OF PRINCIPAL OFFICE OF BUSINESS:

5) 可供部门邮寄通知的地址:

ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

8) 执行: (至少一名合伙人必须签名。)

本人以授权签署人身份声明, 根据作伪受罚的规定, 本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲任何个人(包括管理人员、董事、员工、成员、经理或代理人)的身份。本人已检查此档案, 据本人所知所信, 档案真实、正确且完整。在本文件中作虚假陈述是违法的, 可能受到罚款、监禁或两者兼施的处罚。

EXECUTION: (At least one partner must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

签名

Signature:

印刷体姓名

Printed Name:

**联系人姓名：**（需解决本档案的相关问题。）  
CONTACT NAME: (To resolve questions with this filing.)

**电话号码：**（包括区号。）  
PHONE NUMBER: (Include area code.)

140 - Application for Authorization - Foreign Limited Liability Partnership (1/20)

**费用**  
FEES

必缴手续费 275 美元  
Required Processing Fee \$275

手续费恕不退还。  
Processing Fees are nonrefundable.

支票抬头请写“公司部”  
Please make check payable to "Corporation Division."

使用企业名称搜索程序可在 <http://sos.oregon.gov/business>, 网站上获取免费副本。  
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