

State of Tennessee



Department of State
Corporate Filings

312 Rosa L. Parks Ave.
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

For Office Use Only

APPLICATION FOR RESERVATION
OF LIMITED LIABILITY
PARTNERSHIP NAME

Note: An application for name reservation need not be filed with a certificate of LLP registration.

To the Secretary of the State of Tennessee:

Pursuant to the provisions of the Tennessee Revised Uniform Partnership Act, Section 61-1-1003(d), the undersigned hereby applies for reservation of the following limited liability partnership name for a period of four (4) months:

(Name to be reserved)

[NOTE: The limited liability partnership name proposed for reservation must meet the requirements as outlined in the Tennessee Revised Uniform Partnership Act. T.C.A. §61-1-1003.]

The name and address of the applicant is:

Zip Code

Date: _____, _____

Signature

Name (typed or printed)

Signer's Capacity (if other than individual capacity)