



FORM **602**

**STATEMENT OF QUALIFICATION  
LIMITED LIABILITY PARTNERSHIP**

Sec. [178.0901](#), Wis. Stats.

1. Name of the entity that is electing to become a limited liability partnership:

\_\_\_\_\_

2. Name of the initial registered agent: \_\_\_\_\_

3. Email address of initial registered agent: \_\_\_\_\_

4. Street address of the initial registered office:  
*(The registered office address must be an actual physical location with a street address and not solely a P.O. Box or mailbox service.)*

\_\_\_\_\_

5. The street and mailing addresses of the limited liability partnership's principal office:

\_\_\_\_\_

6. *(Complete this item only if the principal office is located outside Wisconsin)*  
The street address of an office of the limited liability partnership in this state, if any:

\_\_\_\_\_

7. This document must be signed by a person authorized by the partnership:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

(Optional) This document has a **delayed** effective date/time of: \_\_\_\_\_  
(up to 90 days after received date)

**Contact Information:**

Name		
Mailing Address		
City	State	Zip Code
Email Address		Phone Number

**INSTRUCTIONS** (Refer to section [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, together with a check for the \$100.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. 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) or by email at [DFICorporations@dfi.wisconsin.gov](mailto:DFICorporations@dfi.wisconsin.gov).

**Item 1.** The name must contain the phrase “Registered Limited Liability Partnership” or “Limited Liability Partnership” or the abbreviation “RLLP,” “LLP,” or a variation of these abbreviations that differs only with respect to capitalization of letters or punctuation. The name must also be distinguishable on the records of the Department from other entities that are registered with the Department and from any name that has been reserved or registered with the Department. You can preliminarily check the availability of an entity name using the Department’s corporate records database, which is publicly available through the Department’s website, but a final determination of name availability cannot be guaranteed until the document has been received, examined, and filed by the Department. Additional limitations may apply; see s. 178.0902, Wis. Stats. for further detail.

**Items 2 & 3.** Enter the name of the entity’s registered agent and the email address of that agent. Annual report forms, notices and other official communications are directed to the entity’s registered agent, so it is important to keep this information current. The entity may not name itself as its own registered agent.

**Item 4.** The entity must have a registered agent located at a registered office in Wisconsin. The registered office address must be identical to the registered agent’s business office and must be an actual physical location with a street address, and not solely a P.O. Box, mailbox service, or telephone answering service. Provide the street number and name, city and ZIP code in Wisconsin.

**Item 5.** Enter the address of the principal executive office of the partnership. The office need not be located in Wisconsin.

**Item 6.** If the principal office is located outside Wisconsin, enter the street address of an office of the entity located in this state (if any). If the entity does not maintain a business office in this state, so indicate in the space provided.

**Item 7.** The document must be executed by one or more persons authorized by the partnership.

**Drafter name.** If the document is executed in Wisconsin, section 182.01(3) of the Wisconsin Statutes requires that it include the name of the drafter. If the document is not executed in Wisconsin, so indicate in the space provided for the drafter’s name.

**Optional delayed effective date/time.** This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.