

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____
 Registry Number: _____ and/or Business Number: _____

A Return Address: _____
 Contact Person: _____
 Telephone No.: _____
 Client Reference Number: _____

<p>B Name Reservation Number, if applicable: _____</p>	<p>C EXPEDITED SERVICE REQUESTED: (additional fees apply)</p>	<p>D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future: _____ Day Month Year Documents will be processed and released after this date</p>
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<p>E Confirm Mailing Address for Annual Return/Renewal: Same as box A Note: If not completed, the registered office address will be recorded as the mailing address</p>	<p>F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____</p>
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**Return fee and two copies to:
 Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6**

OFFICE USE ONLY			
Type of forms being filed: <input type="checkbox"/> Corporate <input type="checkbox"/> Business <input type="checkbox"/> Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
_____ _____ _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):

The Business Names Registration Act
**REGISTRATION OF A LIMITED LIABILITY
PARTNERSHIP**



1. Name of Limited Liability Partnership	
2. Name and address (include postal code) to which duplicate should be returned, and Renewals will be mailed	3. Contact person, if different from registrant Tel (8:00-4:30)
4. (a) Does this business have a Business Number? Yes No (b) If the answer to (a) is "yes", please set out the Business Number. _____	
5. Registered Office in Manitoba (full address, including postal code)	
6. Separate Post Office Box designated as the partnership's Manitoba address for service by mail (optional)	
7. Complete one of the following The registration is for a Manitoba Limited Liability Partnership. The registration is for an extra-provincial Limited Liability Partnership. The partnership has the status of a Limited Liability Partnership under the laws of _____ Insert Jurisdiction	

8. Complete both (a) and (b)

a) The profession practised by the Limited Liability Partnership is

b) The Limited Liability Partnership is licensed to practise the above profession in Manitoba pursuant to

The Chartered Professional Accountants Act

The Legal Profession Act

9. The name and residence and address of the Manitoba-resident partner designated as the firm's representative with respect to matters relating to the partnership :

Full Name

Residence Address

10. The name and residence address of a second partner, as of the date of registration (inside or outside of Manitoba):

Full Name

Residence Address

11. The business name being registered is not that of another known firm, company, corporation or unincorporated association, or a name liable to be confounded or confused with the other name, or otherwise objectionable on public grounds.

12. The partnership undertakes to keep at the registered office set out in No. 5, such partnership lists as are required by The Partnership Act, and to provide them, without charge and without delay, to any person who requests them.

13. **The signature of a partner is required.**

(Important: If the partner is a corporation, the signature of a corporate officer is required.)

Date

Please print partner's name

Signature

Office Held (For corporate officer)