STATE OF WASHINGTON
SECRETARY OF STATE

Limited Partnership

See attached detailed instructions

☐ **Filing Fee $180.00**

☐ **Filing Fee with Expedited Service $200.00**

This Box For Office Use Only

UBI Number:

CERTIFICATE OF LIMITED PARTNERSHIP

Chapter 25.10 RCW

SECTION 1 *(See instructions)*

NAME OF LIMITED PARTNERSHIP: *(Must contain the words Limited Partnership, LP or L.P.)*

_____

"OR" SECTION 1 A (*If an LLLP designation is elected, see instructions*)

☐ **This Limited Partnership elects to be recognized as a <u>Limited Liability Limited Partnership</u> (LLLP)**

NAME OF LIMITED LIABILITY LIMITED PARTNERSHIP: *(Must contain the words Limited Liability Limited Partnership or LLLP or L.L.L.P.)*

_____

SECTION 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IN WASHINGTON STATE:
(Where records are maintained)

Street Address_____City_____State WA Zip_____
(required)
PO Box_____City_____State WA Zip_____
(optional for mailing)

SECTION 3

EFFECTIVE DATES: *(check the following that apply, see instructions)*

☐ Perpetual upon filing

☐ The specific effective date of _____ *(Specified effective date must be within 90 days AFTER the Certificate of Limited Partnership has been filed by the Office of the Secretary of State)*

Other matters determined by General Partners to include: *(attach if necessary)*

_____

_____

_____

SECTION 4

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address ***(required)***:

_____

City _____ WA Zip Code _____

Mailing or Postal Address ***(optional)***:

_____

City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named partnership. I understand it will be my responsibility to accept Service of Process on behalf of the partnership; to forward mail to the partnership; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X_____

Signature of New Registered Agent Printed Name Date

SECTION 5

NAME, MAILING ADDRESS AND SIGNATURE OF EACH GENERAL PARTNER:

(If necessary, attach additional names, addresses, and signatures)

Name: _____

Address: _____

City_____ State_____ Zip Code _____

X _____

Signature of Partner Printed Name Date Phone

Name: _____

Address: _____

City_____ State_____ Zip Code _____

X _____

Signature of Partner Printed Name Date Phone

Name: _____

Address: _____

City_____ State_____ Zip Code _____

X _____

Signature of Partner Printed Name Date Phone

INSTRUCTIONS – CERTIFICATE OF LIMITED PARTNERSHIP

Please complete all sections of the Certificate of Limited Partnership. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

Section 1 (or Section 1 A)

Indicate the Limited Partnership (LP) name. The Limited Partnership must contain the words Limited Partnership or the abbreviation LP or L.P. unless otherwise addressed in RCW 25.10.020. A Limited Partnership name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office, such as corporations, limited liability companies, limited partnerships, and limited liability partnerships. It is advised that you contact the Secretary of State to check for name availability before filing @360-725-0377.

Section 1 A: (LLLP designation)

A Limited Partnership may elect to become a Limited Liability Limited Partnership by indicating on section 1a. If selected, the name must include Limited Liability Limited Partnership or LLLP or L.L.L.P. in the title. If completing Section 1 a then the naming of a Limited Partnership is not necessary when creating a LLLP.

Section 2

Enter the address of the Limited Partnership's principal place of business were records are maintained. A PO Box may be used for mailing in addition to providing a required physical address *(in Washington)* were records are maintained.

Section 3

An effective date may be specified. The effective date can be up to 90 days AFTER the Certificate of Limited Partnership has been filed by the Office of the Secretary of State. You may also list any other matters the general partners determine to include therein. *(attach if necessary)*

Section 4

All Limited Partnerships must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as registered agent.**

Section 5

The original Certificate of Limited Partnership must be signed by all general partners named therein. In section 5 provide the name, address, and signature for each general partner. If the General Partner is an entity, list the name and title of the person signing on behalf of the general partner. If necessary, attach additional names, addresses, and signatures. RCW 25.10.110.

Additional Information:

UBI Number: If this entity has been issued a UBI (Unified Business Identifier) from any other state agency, please enter that number in the box in the upper right hand corner of page 1.

FEES: The filing fee for Certificate of Limited Partnership is $180.00. If expedited service is requested, include an additional $20.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". ***(Filing and Expedite fees are non-refundable)***

Mail completed forms and payment to:

Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.

Print Form