



Office of the Secretary of State  
Corporations & Charities Division

This Box For Office Use Only

**Physical/Overnight address**

801 Capitol Way S  
Olympia, WA 98501-1226  
Tel: 360.725.0377

**Mailing Address**

PO Box 40234  
Olympia, WA 98504-0234  
www.sos.wa.gov/corps

- Filing Fee \$180**
- To Expedite Filing Add \$50**

**Certificate of Limited Partnership**

**[RCW 25.10](#)**

**All fields required unless otherwise specified**

**(1) Do you already have a UBI Number?** (Check one)  Yes  No If Yes, provide UBI # \_\_\_\_\_

If No, a new UBI# will be issued to you upon successful completion of the filing.

**(2) ENTITY NAME:** \_\_\_\_\_

**If designation is not provided, it will be defaulted to LP**

**For name requirements review the following RCW(s): [RCW 23.95.305](#)**

**Is the Limited Partnership an LLLP?** (Check one)  Yes  No

If Yes, the entity name must contain one of the following: "LLLP", "L.L.L.P.", "Limited Liability Limited Partnership"

**If designation is not provided, it will be defaulted to LLLP**

**Does the entity have a name reserved?** (Check one)  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: \_\_\_\_\_

**(3) PERIOD OF DURATION :** This company shall have a Perpetual Duration per [RCW 25.10.021 \(3\)](#)

**(4) EFFECTIVE DATE:** Please check **ONE** of the following:

- Date of filing
- Specify a date \_\_\_\_\_ cannot be more than 90 days following received date

**(5) REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

**A Registered Agent consent is still required for a Commercial Registered Agent located below.**

If No, please continue below

**Please complete ONE type of Registered Agent below. Be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.**

**Individual**

\_\_\_\_\_  
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)

**Entity**

\_\_\_\_\_  
Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)

**Office or Position**

\_\_\_\_\_  
List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Registered Agent Street Address (required)**  
(Must be a physical address No PO Box or PMB)

Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**Registered Agent Mailing Address (optional)**

Check if mailing address is the same as street address

Country: United States State: Washington

Address : \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

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**(6) PRINCIPAL OFFICE:** \*The place where the entity's records are kept

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing Address (optional)**

Check if mailing address is the same as street address.

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

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Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

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**(7) RETURN ADDRESS FOR THIS FILING:** (Optional)

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/ mailing address.

Attention to: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**(8) GENERAL PARTNERS**

Name, Mailing Address and Signature of Each General Partner required. Attach additional sheet if necessary.

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Signature of Partner**

**Printed Name/Title**

**Date**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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**Signature of Partner**

**Printed Name/Title**

**Date**