

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 Article 3 RCW 23.95. 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. You can search names at www.sos.wa.gov/corps.

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 office. This is the location where business records are kept.

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 entities must have a registered agent in Washington State RCW 23.95. The Designation of Registered Agent is used to select the type of agent such as a Commercial Registered Agent, a Noncommercial Registered Agent, or an Office or Position serving as Registered Agent. The Consent of Registered Agent must be signed in addition to the name and address provided.

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.

ADDITIONAL INFORMATION:

You may attach any optional provisions to this certificate (*please do not attach partnership agreements or meeting minutes, these items are not filed with this office*).

FEES: The filing fee for the Certificate of Limited Partnership is \$180.00. If expedited service is requested then include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". (***ALL fees are non-refundable and all documents are public record***)

Mail completed forms and payment to:

In Person:
Secretary of State
Corporations Division
801 Capitol Way S
Olympia, WA 98501-1226

By Mail:
Secretary of State
Corporations Division
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, call 360-725-0377 or email corps@sos.wa.gov.



This Box For Office Use Only

Limited Partnership

See attached detailed instructions

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

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 Limited Liability Limited Partnership (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 OFFICE:

Street Address _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

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

DESIGNATION OF REGISTERED AGENT: *SELECT ONLY ONE AGENT TYPE (RCW 23.95)*

<input type="checkbox"/> Commercial Agent	<input type="checkbox"/> Noncommercial Agent (most common)	<input type="checkbox"/> Office or Position
NAME	NAME	NAME
NAME ONLY of Commercial Registered Agent as recorded with the Secretary of State. (Address of Commercial Registered Agent is already on file)	Name of Noncommercial Registered Agent. (Any person or business not registered as a Commercial Registered Agent, must also include the physical address below)	List the Office or Position serving as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member, Treasurer, must also include the physical address below)

Washington State Physical Address (*Required Only for Noncommercial, Office, or Position*):

Address _____
 City _____ WA Zip Code _____

Washington State Alternate Mailing or Postal Address (*optional*):

Address _____
 City _____ WA Zip Code _____

REQUIRED ALL - CONSENT TO SERVE AS REGISTERED AGENT:

I hereby consent to serve as Registered Agent in the State of Washington for the above 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.

X _____
Signature of Registered Agent Printed Name/Title 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