



# CERTIFICATE OF LIMITED PARTNERSHIP

State Form 51586 (R3 / 5-14)  
Approved by State Board of Accounts, 2014

**CONNIE LAWSON**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
302 W. Washington Street, E018  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

- INSTRUCTIONS:**
1. Use 8 1/2" x 11" white paper for attachments.
  2. Present original and one copy to the address in upper right corner of this form.
  3. Please TYPE or PRINT in INK.
  4. Please visit our office at [www.sos.in.gov](http://www.sos.in.gov).
  5. Make check or money order payable to Secretary of State.

Indiana Code 23-16-3-2

**FILING FEE: \$90.00**

## CERTIFICATE OF LIMITED PARTNERSHIP

### ARTICLE I: NAME AND PRINCIPLE OFFICE

Name of Limited Partnership *(The name must include the words Limited Partnership or an abbreviation thereof.)*

Address of Principal Office *(number and street)*

City

State

ZIP code

### ARTICLE II: REGISTERED OFFICE AND AGENT

**Registered Agent: The name and street address of the Limited Partnership's Registered Agent and Registered Office for service of process are:**

Name of Registered Agent *(Cannot be the partnership itself.)*

Address of Registered Office *(number and street) (PO Box not accepted)*

City

State

ZIP code

IN

**Required:**

By checking the box, the Signator(s) represents that the registered agent named in the application has consented to the appointment of registered agent.

### ARTICLE III: GENERAL PARTNERS

State the names and business addresses of each general partner of the Limited Partnership: *(Additional General Partners information may be attached.)*

Name

Business Address *(number and street)*

City

State

ZIP code

Name

Business Address *(number and street)*

City

State

ZIP code

Name

Business Address *(number and street)*

City

State

ZIP code

Name

Business Address *(number and street)*

City

State

ZIP code

### ARTICLE IV: PARTNERSHIP AGREEMENT *(optional)*

Attach herewith and designate as "Exhibit B" any matters or terms concerning the Limited Partnership that the general partners of the Limited Partnership wish to include.

### ARTICLE V: DISSOLUTION THE LIMITED PARTNERSHIP

State the latest date upon which the Limited Partnership is to dissolve *(month, day, year)*

### SIGNATURE

In Witness Whereof, the undersigned being an officer or other duly authorized representative of the Limited Partnership named in Article I executes this Certificate of Limited Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature

Printed name