Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

CERTIFICATE OF LIMITED PARTNERSHIP

DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one Original and one Photocopy

FILING FEE: $125 payable to SECRETARY OF STATE

Clear Form

HELP

Telephone # _____

FAX # _____

1. The name of the limited partnership is _____

_____

The name shall contain without abbreviation the words "limited partnership".

2. The address of the office required to be maintained in the State of South Dakota.

_____
Street Address City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

3. The South Dakota Registered Agent name _____

_____
Street Address or Rural Route Box Number in This State and City State ZIP+4

_____
Mailing Address in This State, if Different from Street Address City State ZIP+4

When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	_____

4. The name and business address of each general partner is

_____
General Partner Street Address City State ZIP+4

_____
General Partner Street Address City State ZIP+4

_____
General Partner Street Address City State ZIP+4

5. The latest date upon which the limited partnership is to dissolve is _____

6. Any other matters the general partners determine to include

The certificate of limited partnership must be signed by each of the general partners.

Dated _____

_____
(Signature of a general partner)

_____
(Printed Name)

Dated _____

_____
(Signature of a general partner)

_____
(Printed Name)

Dated _____

_____
(Signature of a general partner)

_____
(Printed Name)

By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.