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

APPLICATION FOR REGISTRATION OF A FOREIGN 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 and, if different, the name which it proposes to register and transact business in South Dakota. The name shall include without abbreviation the words "limited partnership"

_____

_____

2. The state of its formation _____

3. The date of its formation _____

4. The street address of the office required to be maintained in the State of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited partnership is

_____
Street Address City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. The South Dakota Registered Agent name _____

_____
Street Address or Rural Route 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.	_____

6. The name and business address of each general partner. Any foreign corporation acting as the general partner in a limited partnership shall comply with the foreign corporation registration laws of this state.

General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4
General Partner	Street Address	City	State	ZIP+4

7. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is canceled or withdrawn is

Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

The certificate of limited partnership must be signed by a general partner

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.