

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845
corpinfo@state.sd.us

CERTIFICATE OF LIMITED PARTNERSHIP
DOMESTIC LIMITED PARTNERSHIP
SDCL 48-7-201

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$125 payable to SECRETARY OF STATE

1. The name of the Limited Partnership:

Note: This must be the exact limited partnership name, and shall contain the words "Limited Partnership" or the initials "L.P." or "LP".

2. The street address of the South Dakota office where records required by SDCL 48-7-105 are kept.

| | | | |
|---|------|-------|-------|
| Actual Street Address | City | State | ZIP+4 |
| Mailing Address, if Different from Street Address | City | State | ZIP+4 |

Email Address (Optional)

3. The South Dakota Registered Agent's name

South Dakota law permits the registered agent **to be either: A)** a noncommercial registered agent (this may be an individual), **B)** a commercial registered agent, or **C)** an office holder. **Complete only one below, either (a) or (b) or (c).**

(a) The South Dakota Noncommercial Registered Agent's name: _____

| | | | |
|---|------|-------|-------|
| Actual Street Address in this State | City | State | ZIP+4 |
| Mailing Address in this State, if Different from Street Address | City | State | ZIP+4 |

Email Address (Optional)

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

| | |
|----------------------------------|------|
| Commercial Registered Agent Name | CRA# |
|----------------------------------|------|

(c) Title of the office or other position with the business: _____

| | | | |
|---|------|-------|-------|
| Business Office's Actual Street Address in this State | City | State | ZIP+4 |
| Mailing Address in this State, if Different from Street Address | City | State | ZIP+4 |

Email Address (Optional)

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

| | | | | |
|-----------------|---------|------|-------|-------|
| General Partner | Address | City | State | ZIP+4 |
| General Partner | Address | City | State | ZIP+4 |
| General Partner | Address | City | State | ZIP+4 |

5. If the registration is not to be effective upon filing, the deferred effective date shall be: _____

6. The latest date upon which the Limited Partnership is to dissolve: _____

7. Any other matters the general partners determine to include:

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

This statement must be executed by at least **two** partners (SDCL 48-7A-105(c))

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name