

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

FILING FEE: \$125

Make check 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) or **B)** a commercial registered agent. **Complete only one below, either (a) or (b).**

(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#
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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 **ALL** general partners (SDCL 48-7-204(1))

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name