

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

APPLICATION FOR REGISTRATION FOREIGN LIMITED PARTNERSHIP

FILING FEE: \$125
Make check payable to SECRETARY OF STATE

1. The Name of the limited partnership:

Note: The name shall contain the words "Limited Partnership" or the initials "L.P." or "LP".

2. If different, the name which it proposes to register and transact business in South Dakota:

3. The name of the state or other jurisdiction under whose laws it is incorporated: _____

4. The date of its formation: _____

5. 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:

Street Address City State ZIP+4

Mailing Address if different from street address City State ZIP+4

Email Address (Optional)

6. The South Dakota Registered Agent's name:

South Dakota law permits the registered agent **to be either: 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) _____

7. 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 _____

8. 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:

Street Address _____ City _____ State _____ ZIP+4 _____

Mailing Address if different from street address _____ City _____ State _____ ZIP+4 _____

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 document must be signed by a general partner.

Dated _____

Signature of an authorized person

Email _____
(Optional)

Printed Name