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Secretary of State
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Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Certificate of Limited Partnership

(PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT **ABOVE SPACE IS FOR OFFICE USE ONLY**

1. Name of Limited Partnership: (see instructions)

2. Street and Mailing Address of Designated Office:

Street Address *(required)* | City | Nevada | Zip Code

Mailing Address *(required)* | City | State | Zip Code

3. Registered Agent for Service of Process: (check only one box)

☐ Commercial Registered Agent: Name

☐ Noncommercial Registered Agent (name and address below) ***OR*** ☐ Office or Position with Entity (name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

Street Address | City | Nevada | Zip Code

Mailing Address (if different from street address) | City | Nevada | Zip Code

4. Dissolution Date: (optional)

A Limited Partnership governed by NRS Chapter 87A may have perpetual existence or state a dissolution date.

The date of dissolution of this entity, if any, is: (mm/dd/yyyy)

5. Name, Street Address, Mailing Address and Signature of Each General Partner: (add additional page if more than 2)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

1) Name of General Partner | **X** **General Partner Signature**

Street Address *(required)* | City | State | Zip Code

Mailing Address *(required)* | City | State | Zip Code

2) Name of General Partner | **X** **General Partner Signature**

Street Address *(required)* | City | State | Zip Code

Mailing Address *(required)* | City | State | Zip Code

6. Other Matters: (see instructions)

☐ Mark box to indicate additional matters have been added to the Certificate of Limited Partnership and attach pages.

7. Formation Date: (optional)

The formation date of this entity will be the *later* of the filing date of this certificate or: (mm/dd/yyyy)

8. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date

This form must be accompanied by appropriate fees.

Reset