



# Certificate of Limited Partnership

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 – sos.oregon.gov/business - Phone: (503) 986-2200

**REGISTRY NUMBER:** \_\_\_\_\_

For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) **NAME:** (Must contain the words "Limited Partnership" without abbreviation.)

\_\_\_\_\_

2) **DURATION:** (Please check one.)

Latest date upon which the entity is to dissolve is \_\_\_\_\_ or  Duration shall be perpetual.

3) **ADDRESS OF THE OFFICE WHERE RECORDS OF THE PARTNERSHIP WILL BE KEPT:** (Must be an Oregon Street Address.)

\_\_\_\_\_  
\_\_\_\_\_

7) **NAME AND ADDRESS OF EACH GENERAL PARTNER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) **REGISTERED AGENT:**

\_\_\_\_\_

5) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:** (Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

\_\_\_\_\_  
\_\_\_\_\_

6) **ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:**

\_\_\_\_\_  
\_\_\_\_\_

8)  **THIS WAS CONVERTED TO A LIMITED PARTNERSHIP FROM A PARTNERSHIP. FORMER NAME OF PARTNERSHIP:**

\_\_\_\_\_

9) **EXECUTION:** (All general partners must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

Signature:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT NAME:** (To resolve questions with this filing.)

\_\_\_\_\_

**PHONE NUMBER:** (Include area code.)

\_\_\_\_\_

FEES	
Required Processing Fee	\$100
Processing Fees are nonrefundable. Please make check payable to "Corporation Division."	
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