

Illinois
Uniform Limited Partnership Act
Certificate of Limited Partnership

FILE #

This space for use by Secretary of State.

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Please type or print clearly.

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State. Please do not send cash.

Filing Fee: \$150

Approved:

1. Limited Partnership Name: _____

(Must contain the words "Limited Partnership," "L.P.," "LP" or "LLLP," and cannot contain the words "Company," "Corporation," "Incorporated," "Inc.," "Co.," or "Corp.")

2. Address of Office at which records required by Section 111 will be kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP

3. Registered Agent: _____

Registered Office: _____

Name

Street Address (P.O. Box alone is unacceptable.)

IL

City (must be in Illinois) ZIP

4. Limited Partnership's Purpose. The transaction of any or all lawful business for which limited partnerships/limited liability limited partnerships may be formed under this Act.

Or a Specific Purpose: _____

5. This entity is a Limited Liability Limited Partnership:

Yes

No

6. Total aggregate dollar amount of cash, property and services contributed by all partners (optional):

\$ _____

Form LP 201

7. If agreed upon, brief statement of partners' membership termination and distribution rights (optional):

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.
All General Partners are required to sign the Certificate of Limited Partnership.

1. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

2. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

3. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

4. Dated: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**