



# State of Missouri

Denny Hoskins, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

## Certificate of Limited Partnership

*(Submit with filing fee of \$105.00)*

The undersigned general partner(s) for the purpose of forming a limited partnership under the Missouri Uniform Limited Partnership Law state the following:

1. The name of the limited partnership is (must include "L.P.", "LP", or "Limited Partnership" in the name):

\_\_\_\_\_

2. The name and address of the limited partnership's initial registered agent in this state is:

\_\_\_\_\_  
*Name* *Street Address: May not use PO Box unless street address also provided* *City/State/Zip*

3. The name and mailing address of each general partner is (if G.P. is a Corporation, this Certificate must be signed below by an authorized person. Also, include the state of domestication):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Name* *Street Address* *City/State/Zip*

4. The events, if any, on which the limited partnership is to dissolve or the number of years the limited partnership is to continue, which may be any number or perpetual: \_\_\_\_\_

5. Any other matters the general partners want to include (may attach additional pages): \_\_\_\_\_

\_\_\_\_\_

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_

*(Date may not be more than 90 days after the filing date in this office)*

*(Please see next page)*

Name and address to return filed document:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

In Affirmation thereof, the facts stated above are true and correct.

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**Must be signed by all general partners**

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*Signature* *Printed Name* *Date*

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*Signature* *Printed Name* *Date*

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*Signature* *Printed Name* *Date*

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*Signature* *Printed Name* *Date*