



# Arkansas Secretary of State

## Mark Martin

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • www.sos.arkansas.gov

Business & Commercial Services, 250 Victory Building, 1401 W. Capitol, Little Rock

### CERTIFICATE OF LIMITED PARTNERSHIP

(PLEASE TYPE OR PRINT CLEARLY IN INK)

1. The Name of the Limited Partnership is:

\_\_\_\_\_   
The name of a limited partnership must contain the phrase "limited partnership" or the abbreviation "L.P." or "LP" and may not contain the phrase "limited liability limited partnership" or the abbreviation "LLLLP" or "L.L.L.P."

2. a. Street address for the initial designated office \_\_\_\_\_

b. Mailing address for the initial designated office if different \_\_\_\_\_

3. a. Name of initial agent for service of process \_\_\_\_\_

b. Street address for initial agent \_\_\_\_\_

c. Mailing address for initial agent \_\_\_\_\_

4. Provide the name, street and mailing address for each general partner.

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(Name) (Street Address)

\_\_\_\_\_  
(Mailing Address)

If necessary please attach any additional general partners.

**All general partners must sign this document.**

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$ 100.00 and /or imprisonment up to 30 days.

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(general partner)

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(general partner)

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(general partner)

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(general partner)



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### Annual Report – Contact Information

PLEASE TYPE OR PRINT CLEARLY IN INK

JURISDICTION (SELECT ONE)

DOMESTIC       FOREIGN

ENTITY TYPE (SELECT ONE)

LIMITED PARTNERSHIP    LIMITED LIABILITY LIMITED PARTNERSHIP

In order for this entity to receive its annual reporting form, please complete and file with the Office of the Secretary of State at the time of filing.

\_\_\_\_\_  
Entity name as used in Arkansas

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Street Address or Post Office Box Number

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

**NOTE:** Annual Reports will be due on or before May 1<sup>st</sup> the year following filing or qualification in this state.

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Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Authorized Officer (Type or Print)