DOMESTIC LIMITED PARTNERSHIP STATE OF MAINE Deputy Secretary of State **CERTIFICATE OF** LIMITED PARTNERSHIP A True Copy When Attested By Signature Deputy Secretary of State Pursuant to 31 MRSA §1321, the undersigned executes and delivers the following Certificate of Limited Partnership: **FIRST:** The name of the limited partnership is: (The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; see 31 MRSA §1308.1.A.2.) **SECOND:** The street and mailing address of the limited partnership's designated office shall be: (physical location - street (not P.O. Box), city, state and zip code) (mailing address if different from above) THIRD: The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent) Commercial Registered Agent CRA Public Number: _____ (name of commercial registered agent) Noncommercial Registered Agent (name of noncommercial registered agent) (physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

Filing Fee \$175.00

FOURTH:	Pursuant to 5 MRSA §108.3, the registered agent as listed above has consented to serve as the registered agent for this limited partnership.			
FIFTH:	The name, street and mailing address of each general partner is:			
	Name	Address		
	☐ Names and addresses of additional general	partners are attached as Exhibit, and made a part hereof.		
SIXTH:	Check only if applicable			
	The limited partnership is a limited liability limited partnership.			
		t must contain one of the following: "Limited Liability Limited and cannot contain the abbreviation of "L.P" or "LP"; see 31 MRSA		
SEVENTH:	Check only if applicable			
	This is a professional limited liability limited partnership* formed pursuant to 31 MRSA §1354.4 to provide the following professional services: (see 13 MRSA, chapter 22-A for information on what constitutes professional services)			
	(ty	pe of professional services)		
EIGHTH:	Other provisions of this certificate, if any, that the partners determine to include OR any additional information a required by 31 MRSA subchapter 11 are set forth in the attached Exhibit and made a part hereof.			
Dated				
General Partn	ner(s) **			
	(signature)	(type or print name)		
	(signature)	(type or print name)		
	(signature)	(type or print name)		

For General Partner(s)** which are Entities

Name of Entity _			
Ву	(authorized signature)	 (type or print name and capacity)	
Name of Entity _			
Ву	(authorized signature)	 (type or print name and capacity)	
Name of Entity _			
Ву			
	(authorized signature)	(type or print name and capacity)	

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to: Secretary of State

Division of Corporations, UCC and Commissions

101 State House Station Augusta, ME 04333-0101

Telephone Inquiries: (207) 624-7752 Email Inquiries: CEC.Corporations@Maine.gov

^{*}In addition to the requirements in Item Sixth, the name must contain one of the following: "chartered", "professional association" or "service" or the abbreviation "P.A.". In lieu of requirements in Item Sixth, the name must contain one of the following: "professional limited liability limited partnership" or abbreviation "PLLLP" or P.L.L.P.," or "S.L.L.P.". **Examples** of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7.)

^{**}Certificate MUST be signed by all of the general partners listed in Item Fifth.

Filer Contact Cover Letter

Department of the Secretary of State Division of Corporations, UCC and Commissions 101 State House Station Augusta, ME 04333-0101	Tel. (207) 624-7752
Name of Entity (s):	
List type of filing(s) enclosed (i.e. Articles of Incorporation, Articles of Correction, etc.) Attach additional pages as needed.	s of Merger, Articles of Amendment, Certificat
Special handling request(s): (check all that apply) Hold for pick up	
Expedited filing - 24 hour service (\$50 addition Expedited filing - Immediate service (\$100 add Total filing fee(s) enclosed: \$ Contact Information – questions regarding the above filing contact name and telephone number or email address will result in the return of the	litional filing fee per entity, per service g(s), please call or email: (failure to provide
contact name and telephone number of email address will result in the feturn of the	serioneous filling (s) by the secretary of state's offi
(Name of contact person)	(Daytime telephone number)
(Name of contact person) (Email address)	(Daytime telephone number)
<u> </u>	
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please returns.	urn the attested copy to the following
(Email address) The enclosed filing(s) and fee(s) are submitted for filing. Please retu address:	urn the attested copy to the following

(City, State & Zip)