

MISSISSIPPI SECRETARY OF STATE POST OFFICE BOX 136 JACKSON, MISSISSIPPI 39205-0136 CUSTOMER SERVICE 601-359-1633 www.sos.state.ms.us

## **Statement of Partnership Authority**

Filing Fee \$25.00.		Type or print legibly in blue or black ink. Please do not highlight or write above this line.			
1.	<u>Name of Partnership:</u>				
2.	<u>Street Address of</u> <u>Chief Executive</u> <u>Office:</u>	Street Address	City	State	Zip Code
3.	<u>Street Address of</u> <u>one Office Located in</u> <u>Mississippi, if any:</u>	Street Address	City	MS State	Zip Code
(Complete 4A or 4B)		Name of Appointed Agent			
4A	. <u>Name and Mailing</u> <u>Address of</u> <u>Appointed Agent:</u>	Mailing Address <b>OR</b>	City	State	Zip Code
4B	. <u>Name and Mailing</u> Address of All	Name of Partner			
	<b>Partners:</b> (if more than 2 partners , see section 7 of	Mailing Address	City	State	Zip Code
	this form)	Name of Partner			
		Mailing Address	City	State	Zip Code
5.	<u>Authority to Execute</u> <u>Instrument</u> <u>Transferring Real</u> <u>Property:</u> (if more than 4	The following partners are autho Name of Partner	rrized to execute an instrument transferring real property held in Name of Partner	the name of the parα	nership:
	partners, see section 7 of this form)	Name of Partner	Name of Partner		
6.	Other Transactions: (optional – may state authority or limitations of some or all partners)(to continue on another page, see section 7)				
7.	Continuing Sections: (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please:   Page(s) 1. Mark the box at the left.   Attached 2. Attach plain 8 ½" x 11" paper and specify which section(s) are being continued.			
8.	Signatures: (must be executed by at least 2 partners)(to continue on another pagesee section	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE			
	7)	Partner Signature	Partner Signature		
		Print Name	Print Name		