

STATE OF MONTANA

CERTIFICATE of DOMESTIC LIMITED PARTNERSHIP
or LIMITED LIABILITY LIMITED PARTNERSHIP
[35-12-601, MCA](#)



Prepare, sign, submit with an original signature and filing fee.

This is the minimum information required.

(This space for use by the Secretary of State only)

MAIL: Linda McCulloch
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
PHONE: (406) 444-3665
FAX: (406) 444-3976
WEB SITE: sos.mt.gov

Required Filing Fee: \$20.00

- 24 Hour Priority Handling check box and **Add \$20.00**
- 1 Hour Expedite Handling check box and **Add 100.00**

Must check 1 box:

- Limited Partnership (name must contain "limited partnership" or "l.p." or "lp" designation ([35-12-505, MCA](#)))
- Limited Liability Limited Partnership (name must contain limited liability limited partnership" or "l.l.p. "llp" ([35-12-505, MCA](#)))

1. The name of the partnership is: _____

2. The name and address of the Agent for service of process in Montana:
Appointment of a Registered Agent is confirmation of the agent's consent.

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: MT Zip Code: _____

Signature of Agent: _____

3. The name and business mailing address of each **general** partner: *(For additional names, attach a separate sheet of paper)*

4. In accordance with [35-12-601\(2\), MCA](#), the general partners may submit with this **Certificate of Limited Partnership** any other matters they determine to include.

5. **I, HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true. Each General Partner must sign the certificate. *(For additional signatures, attach a separate sheet of paper)*

Signatures of all General Partners _____ Date _____

Daytime Contact: Phone _____ Email _____

GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and including an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State
PO Box 202801
Helena, MT 59620-2801

CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

DO NOT STAPLE PAYMENT TO FILING FORM