



**Form 531A Prescribed by the:
Ohio Secretary of State**

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)

Mail form to **one** of the following:

Expedite PO Box 1390
 Columbus, OH 43216

***** Requires an additional fee of \$100 *****

Non Expedite PO Box 670
 Columbus, OH 43216

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Filing Fee: \$125

(141-CLP)

Name of the Partnership

Name must include one of the following words or abbreviations:

"Limited Partnership," "L.P.," "Limited," or "Ltd."

**Address of the Partnership's
Principal Place of Business**

Mailing Address

City

State

Zip Code

**Effective Date
(Optional)**

_____ Date

(The status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified that is not more than ninety days after filing)

Name and Address of Each General Partner

Name

Business or Residential Address

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized representative(s) of

Name of Limited Partnership

hereby appoints the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited partnership may be served. The name and address of the agent is

Agent Name

Mailing Address

City

Ohio
State

Zip Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Name of Limited Partnership

hereby acknowledges and accepts the appointment of agent for said limited partnership

Signature of Statutory Agent

If the agent is an individual using a P.O. Box, the agent must check this box to confirm that he or she is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Must be authenticated
(signed) by all
general partners

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Instructions for Certificate of Domestic Limited Partnership

This form should be used to form a domestic limited partnership.

Name of Partnership

Pursuant to Ohio Revised Code §1782.02 the name of a limited partnership must include the word or abbreviation "Limited Partnership," "L.P.," "Limited," or "Ltd." The name must not contain the name of a limited partner unless the name is also the name of a general partner or the business of the limited partnership had been carried on under that name prior to the admission of that limited partner. The name must be distinguishable upon the records in the office of the secretary of state.

Address of Principal Place of Business

Please provide the address of the principal place of business of the limited partnership.

Effective Date

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1782.08(C), the status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified in the certificate provided it is not more than 90 days after filing.

Name and Address of General Partners

Please provide the name and business or residence address of each general partner.

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1782.04, an Ohio limited partnership must appoint and maintain a statutory agent to accept service of process on behalf of the partnership. We cannot accept a certificate of limited partnership unless the statutory agent information is provided. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation that is licensed to do business in Ohio.

The statutory agent must sign the Acceptance of Appointment. If the statutory agent is an individual using a P.O. Box address, the agent must check the box to confirm that he or she is an Ohio resident.

Signature(s)

After completing the information on the filing form, please make sure that the form is signed by all general partners.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

****Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**