



Form 535 Prescribed by the:
Ohio Secretary of State

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

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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

STATEMENT OF PARTNERSHIP AUTHORITY

**Filing Fee: \$125
(189-PRT)**

Name of the Partnership _____

Registration Number of Partnership _____
(Required only if partnership has filed a prior statement under Ohio Revised Code 1776)

Address of the partnership's chief executive office

Mailing Address

City _____ State _____ Zip Code _____

If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

Mailing Address

City _____ **Ohio** _____ Zip Code _____
State

Provide the names and addresses of all partners **or** appoint an information agent

Partner Name	Address
_____	_____
_____	_____

Information Agent

Name of Agent

Mailing Address

City _____ State _____ Zip Code _____

Original Appointment of Agent

The undersigned authorized representative(s) of

Name of 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 partnership may be served.

Name of Agent

Mailing Address

City

Ohio
State

Zip Code

Acceptance of Appointment

The undersigned, named herein as the statutory agent for

Name of Partnership

hereby acknowledges and accepts the appointment of agent for said partnership

Signature of 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.

Optional: The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership and any limitations of that authority.

Names

Authority / Limitations

Optional: The names of the partners authorized to enter into transactions on behalf of the partnership (other than instruments transferring real property held in the name of the partnership) and any limitations on that authority.

Names

Authority / Limitations

Optional: Insert here or on attached sheets any other matter to be included in the statement of qualification.

Names

Authority / Limitations

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 an authorized representative.

Signature

Date

Print Name

Signature

Date

Print Name

Instructions for Statement of Partnership Authority

This form should be used to file a statement of partnership authority pursuant to Ohio Revised Code §1776.33.

Name and Registration Number of Partnership

The name of the partnership must be provided. This name does **not** have to be distinguishable upon the records from other business names. By operation of law, five years after the date on which the Statement, or the most recent amendment, was filed with the Secretary of State, statement is no longer valid.

A registration number may be provided if the partnership is already on our records and the statement is being filed to continue to provide valid notice of the partnership's status.

Address of Partnership

The partnership must provide the address of its chief executive office and that of one office in Ohio, if an Ohio office. If the chief executive office is located in Ohio, provide only that address.

Names and Addresses of Partners OR Information Agent Information

Pursuant to Ohio Revised Code §1776.33(A)(1)(c), the partnership must provide a list of the names and addresses of all partners **OR** the partnership must provide the name and address of an information agent.

Original Appointment of Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1776.07, any partnership that maintains an effective statement of partnership authority must maintain continuously in Ohio an agent for service of process on the partnership. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation licensed to do business in Ohio.

The statutory agent must sign the Acceptance of Appointment. If the 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.

Authority of Partners

The partnership may list the names of partners authorized to execute an instrument transferring real property held in the name of the partnership, the authority, including limitations, which some or all of the partners have to enter other transactions on behalf of the partnership, and any other matter.

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.

Signature(s)

After completing all information on the filing form, please make sure that the form is signed by an authorized representative of the partnership.

****Note: A Statement of Partnership Authority is canceled by operation of law five years after the date on which the Statement, or the most recent amendment, was filed with the Secretary of State.**

****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.**