Certificate of Limited Partnership (15 Pa.C.S. § 8511)

Name				name and address you enter to the left.	
Address				± the left.	
City	State	Zip Code			
\$125					
	nce with the require			ng to certificate of lin	mited partnership)
	f the limited partners			", or "limited" or "lim	nited partnership"
	lress of the limited parcial registered office			this Commonwealth or	(b) name of
its comme				chis Commonwealth or	(b) name of County
its comme (a) Num	rcial registered office	provider and the co	unty of venue is: State		
its comme (a) Num (b) Name c/o:	rcial registered office	City istered Office Providence	unty of venue is: State	Zip	County
its comme (a) Num (b) Name c/o:	rcial registered office ber and Street e of Commercial Reg	City istered Office Providence	unty of venue is: State der ner of the partners.	Zip	County
its comme (a) Num (b) Name c/o:	rcial registered office ber and Street e of Commercial Reg	City istered Office Providence	unty of venue is: State der ner of the partners.	Zip	County

4. Check, and if appropriate complete, one of the following:							
The formation of the limited partnership shall be effective upon filing this Certificate of Limited Partnership in the Department of State.							
The formation of the limited partnership shall be effective on: at Date Hour							
5. The specified effective date, if any is:							
month date year hour, if any	_						
	IN TESTIMONY WHEREOF, the undersigned general partner(s) of the limited partnership has (have) executed this Certificate of Limited Partnership this						
	day of						
	Signature						
	Signature						
	Signature						



Department of State Corporation Bureau P.O. Box 8722 Harrisburg, PA 17105-8722 (717) 787-1057

web site: www.dos.state.pa.us/corps

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$125 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
 - (1) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation of Name).
 - (2) Any necessary governmental approvals.
- D. For general instructions relating to the formation of limited partnerships see 19 Pa. Code Ch. 73 (relating to limited partnerships).
- E. This form shall be executed by all general partners named herein. Any natural person of full age, general partnership, limited partnership, corporation or business or other trust may form a limited partnership if the organizing entity is designated as a general partner in and executes this form. Under 15 Pa.C.S. § 8513 (relating to certificate of cancellation) the Certificate of Limited Partnership shall be canceled whenever there are no limited partners, but it is not necessary to name the limited partners in the Certificate of Limited Partnership.
- F. Optional provisions required or authorized by law may be added as Paragraphs 4, 5, and 6...etc. If a partner's interest in the limited partnership is to be evidenced by a certificate of partnership interest, a statement to that effect must be included in this form. See 15 Pa.C.S. § 8511(a)(4).
- G. This form and all accompanying documents shall be mailed to the address stated above.