

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$125 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the limited partnership is _____

The name shall contain without abbreviation the words "limited partnership".

2. The address of the office required to be maintained in the State of South Dakota.

Street Address	City	State	ZIP+4
----------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

3. The South Dakota Registered Agent name _____

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
--	------	-------	-------

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

When listing a Commercial Registered Agent, please state their CRA #. This number can be obtained from the Commercial Registered Agent.	
--	--

4. The name and business address of each general partner is

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

5. The latest date upon which the limited partnership is to dissolve is _____

6. Any other matters the general partners determine to include

The certificate of limited partnership must be signed by each of the general partners.

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)

Dated _____

(Signature of a general partner)

(Printed Name)