

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
Division of Corporate & Consumer Services



**FOREIGN LIMITED PARTNERSHIP APPLICATION**

<b>1. Name of the Limited Partnership:</b>  	<b>2. State in which formed:</b>  <hr/> <b>3. Date of formation:</b>  
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**4. Name under which the foreign limited partnership proposes to register and transact business, if different from the name set forth in item 1: (See instructions)**

**5. Name of Agent for service of process in Wisconsin:**

**6. Street address (in Wisconsin) of the agent for service of process**

Street:

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City:	State: <p style="text-align: center; font-weight: bold; font-size: 1.2em;">WI</p>	Zip Code:
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**7. The limited partnership hereby appoints the Department of Financial Institutions as its agent for receipt of service of process in the event the agent's authority has been revoked or the agent cannot be found or served, and directs that copies of notices of any proceedings be forwarded to the office it is required to maintain in the state in which it is organized (or, if no office is required to be maintained in that state, its principal office), as set forth in this application.**

**8. Select, mark (X) and complete one of the following statements:**

**A.**  The address of the limited partnership's **office required to be maintained** in its state of organization is:

Street:

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City:	State:	Country:	Zip/Postal Code:
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**OR**

**B.**  The limited partnership is not required to maintain an office in its state of organization. The address of the limited partnership's **principal office** is:

Street:

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City:	State:	Country:	Zip/Postal Code:
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**9. This document was drafted by** \_\_\_\_\_  
(Name the individual who drafted the document)



**INSTRUCTIONS** (Ref. sec. 179.82, Wis. Stats. for document content)

<b>Submit one original and one exact copy along with the required filing fee of \$75.00 to the address listed below. Make checks payable to the “<u>Department of Financial Institutions</u>”. Filing fee is non-refundable. Sign the document manually or otherwise allowed under sec. 179.14, Wis. Stats.</b>		
<b>Mailing Address:</b> Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	<b>Physical Address for Express Mail:</b> Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave – 3 <sup>rd</sup> Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818

**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the name of the foreign limited partnership. If the name under which it is organized in its home state does not include the words “limited partnership” or the abbreviation “L.P.” or “LP”, or its name is not available for use in Wisconsin, it will be necessary for the partnership to obtain its authority to transact business in Wisconsin under a registered name (see item 4).
- 2 & 3. Provide the name of the state or country in which the limited partnership is formed and the date of formation.
4. If the foreign limited partnership proposes to transact business in Wisconsin under a name other than its true partnership name, enter the proposed registered name. Any name under which the foreign limited partnership will transact business in Wisconsin must contain the words “limited partnership” or the abbreviation “L.P.” or “LP”.
- 5 & 6. A foreign limited partnership must continuously maintain an agent within Wisconsin for receipt of service of process. The agent must be an individual resident of this state, a domestic or licensed foreign corporation, nonstock corporation, registered limited liability partnership, limited partnership or limited liability company, whose business office is identical with the registered office. The address of the agent must include a street address.
7. This statement is required under sec. 179.82(5).
8. Select, mark (X) and complete either item 8A **or** 8B (Provide only **one** address in item 8)
  - A. Provide the address of the office the limited partnership is required to maintain in the state in which it is organized. If the limited partnership is not required to maintain an office in its state of organization, use item 8B.
  - B. Provide the address of the limited partnership’s principal office.
9. If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter that remark.

FOREIGN LIMITED PARTNERSHIP APPLICATION

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**▲ Enter your return address within the bracket above.**

**Phone number** during the day: (        ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS** (Continued)

10. Provide the name and business address of each General Partner.
11. Provide the address of the office at which the foreign limited partnership keeps a list of the names and address of the limited partners and their capital contributions.
12. The application is to be signed and sworn to by a General Partner.