



CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

State Form 51586 (R11 / 01-26)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION
 302 West Washington Street, Room E018
 Indianapolis, IN 46204
 Telephone: (317) 234-9768
INBiz.in.gov

- INSTRUCTIONS:**
1. Use 8½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT LEGIBLY** in **INK**. Print all forms single sided.
 3. For additional forms please visit in.gov/sos/business/division-forms
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
Street address, line 1		
Street address, line 2		
City	State	ZIP code
Telephone number ()	E-mail address (If different from above – SOS use only)	





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Indiana Code 23-16-3-2
23-0.5-9-10

FILING FEE: \$100.00

ARTICLE I – NAME AND PRINCIPAL OFFICE

Name of Limited Partnership *(The name must include the words Limited Partnership or an abbreviation thereof.)*

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All business is conducted remotely from a governing person's residence, and the principal office address is a contact address.
(If you check this box, leave the following line blank and include State Form 9900382 with your filing)

Address of Principal Office *(number and street)*

City

State

ZIP code

ARTICLE II – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

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Commercial registered agent

Name of registered agent *(Do not provide address.)*

OR

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Noncommercial registered agent

Name of registered agent

Address *(number and street)*

City

State
IN

ZIP code

(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

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By checking the box, the Signator(s) represent(s) that the Registered Agent named in this Certificate of Limited Partnership has consented to the appointment of Registered Agent.

ARTICLE III – GENERAL PARTNERS

State the names and business addresses of each general partner of the Limited Partnership. *(Please attach additional sheets if necessary.)*

Name

Address *(number and street, city, and state and ZIP code)*

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The address listed for this general partner is a Commercial Mail Receiving Agency address.
(If you check this box, include State Form 9900382 with your filing)

PMB #

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ARTICLE IV – PARTNERSHIP AGREEMENT *(optional)*

Attach herewith and designate as "Exhibit B" any matters or terms concerning the Limited Partnership that the general partners of the Limited Partnership wish to include.

ARTICLE V – DISSOLUTION OF THE LIMITED PARTNERSHIP

State the latest date upon which the Limited Partnership is to dissolve *(month, day, year)*

SIGNATURE

In Witness Whereof, the undersigned executes this Certificate of Limited Partnership and verifies, subject to penalties of perjury, that the statements contained herein are true this _____ day of _____, 20_____.

Signature

Printed name