



CERTIFICATE OF LIMITED PARTNERSHIP DOMESTIC LIMITED PARTNERSHIP

State Form 51586 (R11 / 01-26)

- 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.

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

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 (<i>If different from above – SOS use only</i>)	





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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.*)

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 (<i>number and street</i>)	City	State	ZIP code
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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.

<input type="checkbox"/> Commercial registered agent	Name of registered agent (<i>Do not provide address.</i>)
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OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address (<i>number and street</i>)	City	State IN	ZIP code
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(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

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 (<i>number and street, city, and state and ZIP code</i>)
<input type="checkbox"/> 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 #
<input type="checkbox"/> 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 #
<input type="checkbox"/> 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 #

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