



**CERTIFICATE OF LIMITED PARTNERSHIP  
DOMESTIC LIMITED PARTNERSHIP**

State Form 51586 (R10 / 05-24)

**Diego Morales**  
**SECRETARY OF STATE**  
**BUSINESS SERVICES DIVISION**  
 302 West Washington Street, Room E018  
 Indianapolis, IN 46204  
 Telephone: (317) 234-9768  
[INBiz.in.gov](http://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](http://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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State Form 51586 (R10 / 05-24)

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.*)

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](http://INBIZ.in.gov).*

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

Commercial registered agent

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

**OR**

Noncommercial registered agent

Name of registered agent

Address (*number and street*) (*A P.O. Box is not acceptable unless accompanied by a Rural Route number.*)

City

State

**IN**

ZIP code

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

**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