

**Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073
Fax: 302-739-3812**

**Certificate of
Limited Partnership**

Dear Sir or Madam:

Enclosed is the Certificate of Limited Partnership to be filed in accordance with the Limited Partnership Act of the State of Delaware. The fee to file the Certificate is \$200.00. You will receive a stamped “Filed” copy of your submitted document. You may request a certified copy for an additional \$30. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to “Delaware Secretary of State”.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don’t hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

encl.
rev. 06/04

**STATE OF DELAWARE
CERTIFICATE OF LIMITED PARTNERSHIP**

- **The Undersigned**, desiring to form a limited partnership pursuant to the Delaware Revised Uniform Limited Partnership Act, 6 Delaware Code, Chapter 17, do hereby certify as follows:

- **First:** The name of the limited partnership is _____ .

- **Second:** The address of its registered office in the State of Delaware is _____
in the city of _____ .

Zip code _____ . The name of the Registered Agent at such address is _____ .

- **Third:** The name and mailing address of each general partner is as follows:

- **In Witness Whereof**, the undersigned has executed this Certificate of Limited Partnership as of _____ day of _____, A.D. _____ .

By: _____
General Partner

Name:
(type or print name)