

**Form LP 201
January 2008**

Filing Fee: \$150

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.

Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Certificate of Limited Partnership
(Illinois Limited Partnership or LLLP)**

Please type or print clearly.

1. Limited Partnership Name: _____

(Must contain the words "Limited Partnership," "L.P.," "LP" or "LLLP," and cannot contain the words "Company," "Corporation," "Incorporated," "Inc.," "Co.," or "Corp.")

2. Address of Office at which records required by Section 111 will be kept:

Street Address (P.O. Box alone is unacceptable.)

City, State, ZIP, County

3. Federal Employer Identification Number (F.E.I.N.): _____

4. Registered Agent: _____

Name

Registered Office: _____

Street Address (P.O. Box alone is unacceptable.)

City (must be in Illinois), ZIP, County

5. Limited Partnership's Purpose(s) (The transaction of any or all lawful business for which limited partnerships/ limited liability limited partnerships may be formed under this Act.): _____

Or a Specific Purpose: _____

Form LP 201

6. This entity is a Limited Liability Limited Partnership:

- Yes
- No

7. **Total** aggregate **dollar amount** of cash, property and services contributed by all partners (optional):

\$ _____

8. If agreed upon, brief statement of partners' membership termination and distribution rights (optional):

Names and Business Addresses of all General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. **All General Partners are required to sign the Certificate of Limited Partnership.**

1. _____
Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP, County

2. _____
Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP, County

3. _____
Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP, County

4. _____
Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

Street Address

City, State, ZIP, County

**Signatures must be in black ink on an original document.
Carbon copy, photocopy or rubber stamp signatures
may only be used on conformed copies.**