

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void. Please do not send cash.

Illinois
Uniform Limited Partnership Act
Application to Reserve Name or Transfer Reserved Name

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$50

Approved:

State basis of Reservation of Name or Transfer of Reserved Name by checking the appropriate box:

- A person intending to organize an Illinois limited partnership and adopt the name.
- A person intending to obtain a Certificate of Authority for a foreign limited partnership.
- An Illinois or foreign limited partnership intending to adopt the name.
- A foreign limited partnership intending to adopt the name in order to qualify to transact business in this state.

RESERVE NAME

1. Limited Partnership Name to be reserved for a period of 90 days:

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

2. Applicant Name: _____

3. Applicant Address: _____

Street Address

City, State, ZIP

4. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Date: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name if corporation or other entity

TRANSFER RESERVED NAME

The undersigned _____
Original Applicant Name

hereby transfers to _____
Transferee Name

the right to use the name _____
for Limited Partnership purposes in Illinois.

This name was reserved on _____
Date (month, day, year)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Date: _____
Month, Day, Year

Signature

Name and Title (type or print)

General Partner Name and Title if a Limited Partnership

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