

Illinois
Uniform Limited Partnership Act
**Application for Certificate
of Authority**

FILE #

This space for use by Secretary of State.

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

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$150

Approved:

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.

1. Limited Partnership Name: _____
(Must contain the words "Limited Partnership", "L.P.", "LP", "Limited Liability Limited Partnership" or "LLLLP")

2. Alternate Name: _____
(The alternate name is only applicable if the name in item 1 above is not available for use in Illinois; complete form LP 108.5 to adopt an alternate name and submit with this application.)

3. Limited Partnership formed in jurisdiction of: _____ on: _____, and validly exists there as a Limited Partnership on this file date. (Attach current Certificate of Existence from jurisdiction.)

4. Address of designated office at which records required by Section 111 will be kept:

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

City, State, ZIP

5. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

City **IL** ZIP

6. This is a Foreign Limited Liability Limited Partnership:
 Yes No

Form **LP 902**

7. Purpose(s) for which the Limited Partnership was organized and the purpose(s) that it proposes to conduct in the transaction of business in Illinois:

8. Names and Addresses of all General Partners. If a General Partner listed is an entity not registered or qualified in Illinois, submit original Certificate of Good Standing dated within the last 30 days. (Attach a sheet of this size if more space is needed.)

1.	General Partner Name	2.	General Partner Name
	Street Address		Street Address
	City, State, ZIP		City, State, ZIP
3.	General Partner Name	4.	General Partner Name
	Street Address		Street Address
	City, State, ZIP		City, State, ZIP

9. This application is accompanied by a recently authenticated Certificate of Existence from the state or country where the applying entity is formed.

10. The original application to transact business must be signed by at least one General Partner. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated: _____

Signature

Name and Title (type or print)

General Partner Name
if a corporation or other entity (must be in good standing)

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