

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 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.

Illinois Uniform Limited Partnership Act

Application for Certificate of Authority

FILE #:

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Please type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$150

Approved:

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

1. Limited Partnership Name: _____

2. Alternate Name: _____

(By electing this Alternate Name, the Limited Partnership hereby agrees not to use its Company Name in the transaction of business in Illinois.)

3. 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

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

5. 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.)

6. Registered Agent: _____
Name

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

IL

City

ZIP

7. The undersigned agree(s) to keep the records as detailed in item 3 until the Limited Partnership's registration in this state is cancelled or amended.

8. This is a Foreign Limited Liability Limited Partnership:

Yes No

9. 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:

10. Names and Addresses of all General Partners. If a General Partnership listed is not registered or qualified in Illinois, submit original Certificate of Good Standing dated within the last 30 days.

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

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

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.**