

Certificate of Limited Partnership

(Submit with filing fee of \$105.00)

The undersigned general partner(s) for the purpose of forming a limited partnership under the Missouri Uniform Limited Partnership Law state the following:

1.	. The name of the limited partnership is (must include "L.P.", "LP", or "Limited Partnership" in the name): . The name and address of the limited partnership's initial registered agent in this state is:			
2.				
	Name Street Address: May not use PO Box unless street address also provided City/State/Zip			
3.	The name and mailing address of each general partner is (if G.P. is a Corporation, this Certificate must be signed below by an authorized person. Also, include the state of domestication):			
	Name Street Address City/State/Zip			
4.	The events, if any, on which the limited partnership is to dissolve or the number of years the limited partnership is to continue, which			
	may be any number or perpetual:			
5.	Any other matters the general partners want to include (may attach additional pages):			
6.	The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise			
	(Date may not be more than 90 days after the filing date in this office)			
	(Places are part page)			
	(Please see next page)			
ľ	Name and address to return filed document:			
ľ	Name:			
A	Address:			
(City State and Zin Code:			

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Must be signed by all general partners

Signature	Printed Name	Date
ignature	Printed Name	Date
ignature	Printed Name	Date
lignature	Printed Name	Date