

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# CERTIFICATE OF LIMITED PARTNERSHIP

## DOMESTIC LIMITED PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$125** payable to SECRETARY OF STATE

Telephone # \_\_\_\_\_  
FAX # \_\_\_\_\_

1. The name of the limited partnership is \_\_\_\_\_

The name shall contain the words "limited partnership" or the initials "L.P." or "LP".

2. The address of the office required to be maintained in the State of South Dakota.

Street Address	City	State	ZIP+4
----------------	------	-------	-------

Mailing Address (Optional)	City	State	ZIP+4
----------------------------	------	-------	-------

3. The South Dakota Registered Agent name \_\_\_\_\_

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
--	------	-------	-------

Mailing Address in This State, if Different from Street Address	City	State	ZIP+4
---	------	-------	-------

When listing a Commercial Registered Agent, please state their CRA #.  
This number can be obtained from the Commercial Registered Agent.

4. The name and business address of each general partner is

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

General Partner	Street Address	City	State	ZIP+4
-----------------	----------------	------	-------	-------

5. The latest date upon which the limited partnership is to dissolve is \_\_\_\_\_

6. Any other matters the general partners determine to include

The certificate of limited partnership must be signed by each of the general partners.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of a general partner)

\_\_\_\_\_  
(Printed Name)

***By signing this form, you agree to have both the fee and the form processed electronically. A fee of up to \$40 will be assessed for returned payments.***