GENERAL PARTNERSHIP - STATEMENT OF PARTNERSHIP AUTHORITY (SS-4514)



Business Services Division

Tre Hargett, Secretary of State State of Tennessee

312 Rosa L. Parks AVE, 6th FL. Nashville, TN 37243-1102 Filing Fee: \$20.00 For Office Use Only

Name of the general partnership (as will	be recorded with the S	ecretary of Stat	re) is:
2a. The street address of the chief executiv	ve office is:		
Physical Street Address:			
City:			
2b. The mailing address of the chief execut	tive office (if different fro	om the physical	street address) is:
Mailing Address:			
City:	ST:	Zip	County:
3. The street address of one of its offices in	Tennessee (if any) is:		
Physical Street Address:			
City:	ST:	Zip	County:
4. The names of the partners authorized to partnership are: 5. If applicable, state the authority, or limita transactions on behalf of the partnership	ations on the authority, o	of some or all o	f the partners to enter into other
6. If applicable, this general partnership ha The execution of this statement constitutes authority to file this statement and that the constitutes are statement and the constitutes are stateme	an affirmation under the p	enalties of perju	ry that the undersigned has/have the
	Printed Name		Signature Date
Signature	Printed Name		Signature Date

- A Statement of Partnership Authority filed by a partnership must be executed by at least two partners. Other documents must be executed by a partner or other person authorized by the Revised Uniform Partnership Act.
- This statement is cancelled by operation of law five years after the date on which the statement, or the most recent amendment, is filed with the Secretary of State.