



Vermont Secretary of State
STATEMENT OF PARTNERSHIP AUTHORITY
 of a General Partnership doing business in Vermont

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PLEASE REVIEW INSTRUCTIONS ON REVERSE BEFORE BEGINNING

1. **BUSINESS NAME:** *REQUIRED*- _____

2. **BUSINESS PURPOSE:** *OPTIONAL- STATEMENT OR [NAICS CODE](#) OF PRIMARY GOODS OR SERVICES TO BE PROVIDED UNDER THIS BUSINESS NAME*

3. **BUSINESS ADDRESS(ES):** *REQUIRED-*

a. **PRINCIPAL OFFICE:** *REQUIRED.*

Physical Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

Mailing Address: _____

City/Town: _____ State: _____ ZIP: _____ - _____

b. **OFFICE IN VERMONT:** *REQUIRED IF - PRINCIPLE OFFICE PROVIDED IN LINE 2a. IS NOT LOCATED IN VERMONT.*

Physical Address: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

Mailing Address: _____

City/Town: _____ State: **VT** ZIP: _____ - _____

4. **REGISTERED AGENT:** *REQUIRED*

a. **Name:** *INDIVIDUAL PERSONS ONLY* _____

b. **Street Address** *NO PO BOX* _____

City/Town: _____ State: **VT** ZIP: _____ - _____

c. **Mailing Address:** _____

City/Town: _____ State: **VT** ZIP: _____ - _____

d. **Email:** _____

5. **CURRENT PARTNERS AND AUTHORITY:** *REQUIRED- - MUST LIST ALL OF CURRENT PARTNERS AND THEIR AUTHORITY- BOTH REMAINING AND NEW PARTNERS*

a. **Name:** _____ b. **Name:** _____

Address: _____ Address: _____

E-Mail Address: _____ E-Mail Address: _____

☐ **This Partner is authorized to transfer real property.**

☐ **This Partner is not authorized to transfer real property.**

☐ **This Partner is authorized to transfer real property.**

☐ **This Partner is not authorized to transfer real property.**

CHECK IF APPLICABLE:

☐ This partnership has more than 2 partners. *MUST ATTACH A COMPLETE LIST OF ADDITIONAL PARTNERS.*

CERTIFICATION OF STATEMENT: *REQUIRED*

We hereby certify, under penalty of perjury (11 V.S.A. § 3205(c)), that the above information is accurate, a copy of this statement has been provided to each partner who's signature does not appear below (if any), and that this statement is provided in duplicate to the secretary of state with a Check or Money Order made payable to "VT SOS" in the amount of \$125.00.

Printed Name of Partner *REQUIRED* _____ Signature _____ Title _____ Date _____

Printed Name of Partner *REQUIRED* _____ Signature _____ Title _____ Date _____

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SUBMISSION INSTRUCTIONS

a. *This form* must be filed in duplicate (1 original + 1 copy –or– 2 originals) with a check or money order, payable to “VT SOS,” in the amount of \$125.00, and a self-addressed stamped envelope.

b. *This form* can **ONLY** be accepted by Mail or In-person at:

**Vermont Secretary of State
Corporations Division
128 State Street
Montpelier, VT 05633-1104**

c. Please allow 7-10 business days, or more, from the day that *this form* received in our office, for processing and (if approved) for this business appear on the website at www.vtsosonline.com, and for evidence of filing to be returned.

*****THIS FILING IS NOW AVAILABLE ONLINE*****

- *This form* CANNOT be accepted by Phone, Fax, or E-mail; however, this filing is now available online:
 - If you wish to submit this filing electronically, **DO NOT** fill out *this form*, please file online at <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Payment for *this form* also CANNOT be accepted by credit card or e-check (ACH); however, payment by credit card or e-check (ACH) is available by filing online:
 - If you wish to submit payment by credit card or e-check (ACH), **DO NOT** fill out *this form*, please file online at <https://www.vtsosonline.com/online/Account?referrer=BF>.
- Online filing normally takes 3-5 business days or less.

FORM INSTRUCTIONS

General 1. Information on this form must be current as of the date this application is filed on behalf of the LLP.

General 2. All required information must be provided. If not, the secretary of state will promptly notify the reporting domestic or foreign LLP in writing and return this filing to it for correction. If this filing is corrected to contain the information required and delivered to the secretary of state within 30 days after the effective date of notice, it is deemed to be timely filed.

General 3. Unless earlier canceled, a filed statement of partnership authority is canceled by operation of law five (5) years after the date on which the statement, or the most recent amendment, was filed with the secretary of state. ([11 V.S.A. § 3223\(g\)](#))

Line 1. **Required:** The business name of the partnership.

Line 2. **Optional:** A statement of the primary goods or service to be provided under this business name. Please see <http://www.naics.com/search> for a list of standard industry titles and codes.

Line 3a. **Required:** The street address of its chief executive office.

Line 3b. **Required If:** The principal office (Line 3a) is not located in the State of Vermont.

Line 4. **Required:** An agent appointed and maintained by the partnership; if this statement of partnership authority names an agent, the agent shall maintain a list of the names and mailing addresses of all of the partners and make it available to any person on request for good cause shown.

Line 5. - **Required:** The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership. ([11 V.S.A. § 3223\(a\)\(1\)\(C\)](#))

- **Preferred:** The Names and addressees of *all* partners. ([11 V.S.A. § 3223\(a\)\(1\)\(C\)](#))

Note: If there are more than two (2) partners to be listed – please utilize an attached continuation sheet of your own format, and indicate this attachment in **Line**

Certification. Required: Must be signed by either (1) the Registered Agent Designated in Line 3, or (2) two partners listed in Line 4.

**For Questions, please contact Corporations Division at: corps@sec.state.vt.us
or by phone at (802) 828-2386**