

Limited Partnership Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

<http://soswy.state.wy.us>

Before Filing Please Note

- ☐ One **originally signed** Certificate of Registration Application and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- ☐ The application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.
- ☐ The name must include the words "Limited Partnership" without abbreviation. If you elect to be a Limited Liability Limited Partnership the name must include either "Limited Partnership", "Limited Liability Limited Partnership", "L.L.L.P.", or "LLLP". Please refer to the Wyoming Statutes or "The Choice is Yours" at <http://soswy.state.wy.us/Forms/Publications/ChoiceIsYours.pdf> to determine which status to elect.
- ☐ **Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- ☐ Please provide at least one e-mail address in the Certificate of Registration. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- ☐ **Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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For Office Use Only

Foreign Limited Partnership Application for Certificate of Registration

Pursuant to W.S. §17-14-201 through §17-14-104, the undersigned limited partnership applies for a Certificate of Registration to transact business in the state of Wyoming.

1. Name of the limited partnership as organized:

2. Name it proposes to register and transact business in Wyoming:

(W.S. §17-14-1004 requires that the name of a foreign limited partnership must include without abbreviation the words "limited partnership." This article may be used to meet this requirement. You may include the designation in the name for a limited liability limited partnership (LLLP) if you choose.)

3. Please check this box if you elect to be a limited liability limited partnership (LLLP).

4. It is formed under the laws of the state of:

(State or country)

5. Date of formation:

(mm/dd/yyyy)

6. Period of duration:

(This is referring to the length of time the limited partnership intends to exist and not the length of time it has been in existence. The most common term used is "perpetual.")

7. Mailing address of the limited partnership:

8. Principal office address:

9. Address of the office required to be maintained in the state of its organization by the laws of the state, or if not so required, of the principal office of the foreign limited partnership:

Check if the address is the same as the principal office address listed in article 8.

13. Address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is canceled or withdrawn:

Check if the address is the same as the principal office address listed in article 8.

10. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

11. Name and business address of each general partner:

Name:

Address:

12. State the date this limited partnership began doing business in Wyoming or the date it will begin to do business in Wyoming: *(Please note that a limited partnership doing business in Wyoming without authority shall be subject to back taxes and penalties pursuant to W.S. 17-16-1502(d).)*

(Date – mm/dd/yyyy)

General Partner Signature: _____

Date:

(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

(Email provided will receive annual report reminders and filing evidence)

**May list multiple email addresses*

REQUIRED ATTACHMENT TO INCLUDE WITH THE FILING

The application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, authenticated by the Secretary of State or official having custody of corporate records in the state or country of formation.



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Consent to Appointment by Registered Agent

I, _____, registered office located at
(name of registered agent)

voluntarily consent to serve

*
(registered office physical address, city, state & zip)

as the registered agent for
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
(if different than above):

***If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)