

DO NOT STAPLE

Sec. 179.11
Wis. Stats.

State of Wisconsin
Department of Financial Institutions
Division of Corporate and Consumer Services



CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Executed by the undersigned for the purpose of forming a Wisconsin limited partnership under Ch. 179 of the Wisconsin Statutes:

Article 1. Name of the limited partnership:

(must contain the words "limited partnership" or the abbreviation "L.P." or "LP")

Article 2. Street address (in Wisconsin) of the record office		
Street:		
City:	State: WI	Zip code:

Article 3. Latest date upon which the limited partnership will dissolve:	Article 4. Name of agent for service of process:
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Article 5. Street address (in Wisconsin) of the agent for service of process		
Street:		
City:	State: WI	Zip Code:

Article 6. Other items (Optional)

Article 7. Name, business address and signature of each GENERAL partner:

GENERAL PARTNER's name and business address:	Signature:
I)	I) _____ (date)
II)	II) _____ (date)
III)	III) _____ (date)
IV)	IV) _____ (date)

This document was drafted by _____
(Name the individual who drafted the document)

► OPTIONAL – Second choice limited partnership name if first choice is not available:

INSTRUCTIONS (Ref. sec. 179.11 Wis. Stats. for document content)

Please use BLACK ink. Submit one original along with the required filing fee of \$70.00 to the address listed below. Make checks payable to the “<u>Department of Financial Institutions</u>”. Filing fee is non-refundable. The original must include an original manual signature, per sec. 179.16, Wis. Stats.		
Mailing Address: State of WI-Dept. of Financial Institutions Box 93348 Milwaukee WI 53293-0348	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 201 W. Washington Ave – Suite 300 Madison WI 53703	Phone: 608-261-7577 TTY: 711

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

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▲ Enter your return address within the bracket above.

Phone number during the day: () _____ - _____

INSTRUCTIONS (Continued)

Article 1. The name must contain the words “limited partnership” or the abbreviation “L.P.” or “LP”. If you wish to provide a second choice name that you would accept if your first choice is not available, enter it in the “Optional” area on page 2.

Article 2. The limited partnership’s record office must be located in Wisconsin. The address of the record office must describe its physical location, i.e., street name and number, city (in Wisconsin) and ZIP code. Sec. 179.05, Wis. Stats., describes the records required by law to be kept at such record office.

Article 3. Specify the latest date upon which the partnership is to dissolve.

Articles 4 & 5. The limited partnership must continuously maintain an agent within Wisconsin for receipt of service of process. The agent must be an individual resident of this state, a domestic or licensed foreign corporation, nonstock corporation, registered limited liability partnership, limited partnership or limited liability company, whose business office is identical with the registered office. The agent’s address must describe its physical location, i.e., street name and number, city (in Wisconsin) and ZIP code.

Article 6. Optional. May be used to provide other matters the general partners determine to include.

Article 7. Provide the name, signature and complete business address of each general partner. All general partners are to execute the certificate. NOTE: Any person may sign a certificate by an attorney-in-fact.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.