



**United States
of
America Republic**
Travis-Austin: Bey, Secretary of State

Corporations Division
PO Box 436885, Province IL, 60643

Certificate of Limited Partnership

(Submit with filing fee of \$105.00)

The undersigned general partner(s) for the purpose of forming a limited partnership under the U.S.A.R. Uniform Limited Partnership Law state the following:

1. The name of the limited partnership is (must include "L.P.", "LP", or "Limited Partnership" in the name):

2. The name and address of the limited partnership's initial registered agent in this state is:

Name *Street Address: May not use PO Box unless street address also provided* *Province/Zip*

3. The name and mailing address of each general partner is (if G.P. is a Corporation, this Certificate must be signed below by an authorized person. Also, include the state of domestication):

Name *Street Address* *Province/Zip*

4. The events, if any, on which the limited partnership is to dissolve or the number of years the limited partnership is to continue, which may be any number or perpetual: _____

5. Any other matters the general partners want to include (may attach additional pages): _____

6. The effective date of this document is the date it is filed by the Secretary of State of U.S.A.R. unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

(Please see next page)

Name and address to return filed document:

Name: _____

Address: _____

Province and Zip Code: _____

In Affirmation thereof, the facts stated above are true and correct.
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, USRS)

Must be signed by all general partners

Signature *Printed Name* *Date*

Signature *Printed Name* *Date*

Signature *Printed Name* *Date*

Signature *Printed Name* *Date*