

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

CERTIFICATE OF LIMITED PARTNERSHIP

Pursuant to Section 33-42-210 of the 1976 S.C. Code of Laws, as amended, the undersigned limited partnership submits the following:

1. The name of the proposed limited partnership is:

2. The address of the office of the registered agent of the limited partnership is:

(Street Address)

(City, State, Zip Code)

3. The name of the registered agent at the above address:

(Name)

I hereby consent to the appointment as registered agent

(Agent's Signature)

4. The address of the principal office is:

(Street Address)

(City, State, Zip Code)

5. The name and mailing address of each general partner of the limited partnership:

a. _____
(Name)

(Street Address)

(City, State, Zip Code)

Name of Limited Partnership

b. _____
(Name)

(Street Address)

(City, State, Zip Code)

6. The latest date upon which the limited partnership is to dissolve: _____

7. The optional provisions which the limited partnership wishes to include are as follows:

8. The existence of the limited partnership shall begin as of the filing date with the Secretary of State unless a delayed date is indicated [See 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended]: _____

(Date)

1. _____
(Signature of General Partner)

(Print Name)

2. _____
(Signature of General Partner)

(Print Name)

FILING INSTRUCTIONS

1. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. This application must be signed by all general partners and accompanied by the filing fee of \$10.00 payable to the "SECRETARY OF STATE."

Return to: Secretary of State
Attn: Corporate Filings
1205 Pendleton Street, Suite 525
Columbia, SC 29201

NOTE

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