

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**CONVERSION OF A CORPORATION  
TO A PARTNERSHIP OR LIMITED PARTNERSHIP**

**\*\*Conversion of an entity can result in tax consequences for the entity. Please consult a tax professional such as a CPA or qualified attorney before filing for conversion.**

The following corporation hereby converts to a partnership or limited partnership pursuant to the provisions of Section 33-11-113 and Section 33-11-114 of the 1976 S.C. Code of Laws, as amended, by filing these articles of conversion.

1. The name of the partnership or limited partnership is:

If the converted entity is a limited partnership, then the name must be available on the Secretary of State's records pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-42-30.

2. If a limited partnership, the initial agent for service of process is:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

and the street address in South Carolina for this agent for service of process is

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

3. The former name of this partnership or limited partnership while a corporation was:

4. If voting by voting group is required, the below information must be provided for each voting group entitled to vote separately on the conversion:

Voting Group	Number of Shareholder Votes Cast			Number or Percentage of Votes Required to Approve (required if this was less than unanimous vote "for") Specify whether number or percentage
	For	-OR-	Against	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Limited Partnership

5. If a limited partnership, the address of the principal office is

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

6. If a limited partnership, the name and mailing address of each general partner:

a.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

b.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

c.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

7. The latest date upon which the limited partnership is to dissolve: \_\_\_\_\_

Name of Limited Partnership

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

9. Unless a delayed effective date is specified, the existence of the limited partnership will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time: \_\_\_\_\_  
(Date)

10. The articles of incorporation of the corporation will be cancelled as of the effective date of this filing.

11. Name and signature of each general partner:

a.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

b.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

c.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

### **FILING INSTRUCTIONS**

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed. Include a self-addressed stamped envelope to have a filed copy returned to you by mail.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. This form must be accompanied with the filing fee of \$10.00 payable to the Secretary of State.
4. Return to:           Secretary of State  
                              ATTN: Corporate Filings  
                              1205 Pendleton Street, Suite 525  
                              Columbia, SC 29201