

CERTIFICATE OF LIMITED PARTNERSHIP - DOMESTIC (SS-4470)



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL.
Nashville, TN 37243-1102
(615) 741-2286
Filing Fee: \$100.00

For Office Use Only

Pursuant to the provisions of the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-201, the undersigned general partner(s) hereby execute(s) a certificate of limited partnership:

1. The name of the limited partnership is: _____

(Note: Pursuant to the Tennessee Revised Uniform Limited Partnership Act, Section 61-2-102(1), each limited partnership name must contain the words "Limited Partnership" or the abbreviation "L.P.")

2a. The complete street address of the principal office is:

Physical Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

2b. The mailing address (if different from the physical street address) is:

Mailing Address: _____

City: _____ ST: _____ Zip _____ County: _____

3. The name of the registered agent and complete registered office address in Tennessee is:

Agent's name: _____

Registered Office Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

4. Any additional information determined necessary by the undersigned general partner(s): _____

5. If applicable, this limited partnership has the additional designation of: _____

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date/time is: _____(date), _____(time).

(Note: A delayed effective date may not be later than the 90th day after the date this document is filed by the Secretary of State.)

7. This limited partnership, which was previously formed on _____, hereby elects to be governed by the Tennessee Limited Partnership Act. (Applies only to limited partnerships created prior to January 1, 1989)

8. The name, address and signature of each general partner:

Signature Printed Name Signature Date

Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

Signature Printed Name Signature Date

Street Address: _____

City: _____ ST: _____ Zip _____ County: _____

Additional general partner(s) is/are listed on the attached _____(number of) page(s) which is/are fully incorporated herein by reference. (check and complete if applicable)

***Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.**