

Ohio Secretary of State Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

Please return the approval certificate to:

| Name: | | | | | | | | | |
|--|---|---|------------------|-------------|------------|------------------------|----------------|--|--|
| | | (Individua | l or Business Na | me) | | | | | |
| To the attention of: | | (If | f necessary) | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | | | | | | |
| State: | | | ZIP Code: | | | | | | |
| Ph | one Number: | | E-mail Addr | ess: | | | | | |
| Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services. | | | | | | | | | |
| Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record. | | | | | | | | | |
| Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW) | | | | | | | | | |
| | Preclearance Filing examined for the pur Preclearance will be | pose of advising as | to the acceptal | oility of t | - | | | | |
| | Regular Service: Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office. | | | | | | | | |
| | Expedite Service 1: By including an Expedite fee of \$100.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office. | | | | | | | | |
| | Expedite Service 2: one of the form, the f service is only avail Center. | filing will be process | ed within 1 bus | iness da | ay after i | it is received by our | office. This | | |
| | Expedite Service 3: one of the form, the f 1:00 p.m. This serv | filing will be process ice is only availabl | ed within 4 hou | rs after | it is rece | eived by our office, i | if received by | | |



Form 531A Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite) P.O. Box 670 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).

P.O. Box 1390 Columbus, OH 43216

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Filing Fee: \$125 (141-CLP)

| Name of the Partnership | Name must include one of the following words or abbreviations: "Limited Partnership," "L.P.," "Limited." or "Ltd." | | | | | | | |
|--|--|-------------|-----------------------|--|--|--|--|--|
| Address of the Partnership's Principal Place of Business | Mailing Address | | | | | | | |
| | City | | State | ZIP Code | | | | |
| Effective Date (Optional) Date Name and Address of Eac | date specified that is not r | | | oon the filing of the certificate or on a late | | | | |
| Name | cii General Partner | Business or | r Residential Address | | | | | |
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ORIGINAL APPOINTMENT OF AGENT The undersigned authorized representative(s) of Name of Limited Partnership hereby appoints the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited partnership may be served. The name and address of the agent is Agent Name Mailing Address City State ZIP Code **ACCEPTANCE OF APPOINTMENT** The undersigned, named herein as the statutory agent for Name of Limited Partnership hereby acknowledges and accepts the appointment of agent for said limited partnership

If the agent is an individual using a P.O. Box, the agent must check this box to confirm that he or she is an Ohio resident.

Individual Agent's Signature / Signature on behalf of Corporate Agent

| orm to the Ohio Secretary of State, the undersigned hereby certifies is document. | that he or she has the |
|---|---|
| | |
| Signature | Date |
| By | |
| Print Name | |
| Signature | Date |
| Print Name | |
| | |
| Signature | Date |
| Ву | |
| Print Name | |
| | |
| Signature | Date |
| Ву | |
| Print Name | |
| | Signature By Print Name Signature By Print Name Signature Signature Signature By Print Name By Print Name |

Instructions for Certificate of Domestic Limited Partnership

This form should be used to form a domestic limited partnership.

Name of Partnership

Pursuant to Ohio Revised Code §1782.02 the name of a limited partnership must include the word or abbreviation "Limited Partnership," "L.P.," "Limited," or "Ltd." The name must not contain the name of a limited partner unless the name is also the name of a general partner or the business of the limited partnership had been carried on under that name prior to the admission of that limited partner. The name must be distinguishable upon the records in the office of the secretary of state. See Name Availability Guide at www.OhioSecretaryofState.gov, for more information regarding name requirements and restrictions.

Address of Principal Place of Business

Please provide the address of the principal place of business of the limited partnership.

Effective Date

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1782.08(C), the status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified in the certificate provided it is not more than 90 days after filing.

Name and Address of General Partners

Please provide the name and business or residence address of each general partner. If a foreign corporation is a general partner, the corporation must be licensed to do business in Ohio pursuant to OAG 89-081.

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1782.04, an Ohio limited partnership must appoint and maintain a statutory agent to accept service of process on behalf of the partnership. We cannot accept a certificate of limited partnership unless the statutory agent information is provided. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation that is licensed to do business in Ohio.

The statutory agent must sign the Acceptance of Appointment. If the statutory agent is an individual using a P.O. Box address, the agent must check the box to confirm that he or she is an Ohio resident.

Signature(s)

After completing the information on the filing form, please make sure that the form is signed by all general partners.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, $8\ 1/2\ x\ 11\ sheet(s)$ of paper.

**Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.

Form 531A Last Revised: 1/9/12