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Certificate of Limited Partnership

filed pursuant to § 7-62-201 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited partnership is

WXYZ, LP

(The name of a limited partnership must contain the term or abbreviation "limited partnership", "limited", "company", "l.p.", "lp", "ltd." or "co.". See §7-90-601, C.R.S.)

*(**Caution:** The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited partnership's initial principal office is

Street address

1234 Main Street
(Street number and name)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) United States
(Country)

Mailing address
(**leave blank** if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

3. The registered agent name and registered agent address of the limited partnership's initial registered agent are

Name
(if an individual)

(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity)

WXYZ, Inc.

*(**Caution:** Do not provide both an individual and an entity name.)*

Street address

1234 Main Street
(Street number and name)

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

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Mailing address
(**leave blank** if same as street address)

_____
(Street number and name or Post Office Box information)

_____

_____ _____ _____.
(City) *(State)* *(ZIP/Postal Code)*

(The following statement is adopted by marking the box.)

☑ The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the general partner are

Name
(if an individual)

Doe John _____
(Last) *(First)* *(Middle)* *(Suffix)*

OR

(if an entity) _____
***(Caution:** Do not provide both an individual and an entity name.)*

Mailing address

1234 Main Street
(Street number and name or Post Office Box information)

_____

[City] [State] [Zip]
(City) *(State)* *(ZIP/Postal Code)*

_____ United States.
(Province – if applicable) *(Country)*

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ The limited partnership has one or more additional general partners and the name and mailing address of each additional general partner are stated in an attachment.

5. *(The following statement is adopted by marking the box.)*

☑ There are at least two partners in the partnership, at least one of whom is a limited partner.

6. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

☐ This document contains additional information as provided by law.

7. ***(Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing the document to be delivered for filing are

Doe	John		
(Last)	*(First)*	*(Middle)*	*(Suffix)*

1234 Main Street

(Street number and name or Post Office Box information)

[City]	[State]	[Zip]
(City)	*(State)*	*(ZIP/Postal Code)*

	United States.
(Province – if applicable)	*(Country)*

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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