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Print Reset

Form LP 201
January 2008

Filing Fee: $150

Submit in duplicate. Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State.
Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

Illinois Secretary of State
Department of Business Services
Certificate of Limited Partnership
(Illinois Limited Partnership or LLLP)

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SAMPLE

Please type or print clearly.

1. Limited Partnership Name: _____
(Must contain the words "Limited Partnership," "L.P.,""LP" or "LLLP," and cannot contain the words "Company," "Corporation," "Incorporated," "Inc.," "Co.," or "Corp.")

2. Address of Office at which records required by Section 111 will be kept:

_____
Street Address (P.O. Box alone is unacceptable.)

_____
City, State, ZIP, County

3. Federal Employer Identification Number (F.E.I.N.): _____

4. Registered Agent: _____
Name

Registered Office: _____
Street Address (P.O. Box alone is unacceptable.)

_____
City (must be in Illinois), ZIP, County

5. Limited Partnership's Purpose(s) (The transaction of any or all lawful business for which limited partnerships/ limited liability limited partnerships may be formed under this Act.): _____

_____

Or a Specific Purpose: _____

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6. This entity is a Limited Liability Limited Partnership:
   - ❑ Yes
   - ❑ No

7. **Total** aggregate **dollar amount** of cash, property and services contributed by all partners (optional):

   $ _____

8. If agreed upon, brief statement of partners' membership termination and distribution rights (optional):

   _____

   _____

   _____

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SAMPLE

Names and Business Addresses of all General Partners

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. **All General Partners are required to sign the Certificate of Limited Partnership.**

1. _____
   Signature
   _____
   Name and Title (type or print)
   _____
   General Partner Name if corporation or other entity
   _____
   Street Address
   _____
   City, State, ZIP, County

2. _____
   Signature
   _____
   Name and Title (type or print)
   _____
   General Partner Name if corporation or other entity
   _____
   Street Address
   _____
   City, State, ZIP, County

3. _____
   Signature
   _____
   Name and Title (type or print)
   _____
   General Partner Name if corporation or other entity
   _____
   Street Address
   _____
   City, State, ZIP, County

4. _____
   Signature
   _____
   Name and Title (type or print)
   _____
   General Partner Name if corporation or other entity
   _____
   Street Address
   _____
   City, State, ZIP, County

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.

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