This form is designed to be filled out online for your convenience. Please read the instructions carefully. Complete the necessary information, print, sign and mail.

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# State of Missouri

**Robin Carnahan, Secretary of State**

**Corporations Division**
**PO Box 778 / 600 W. Main St., Rm. 322**
**Jefferson City, MO 65102**

## Certificate of Limited Partnership

*(Submit with filing fee of $105.00)*

The undersigned general partner(s) for the purpose of forming a limited partnership under the Missouri Uniform Limited Partnership Law state the following:

1. The name of the limited partnership is (must include "L.P.", "LP", or "Limited Partnership" in the name):

   WXYZ Services, LP

2. The name and address of the limited partnership's initial registered agent in this state is:

   1234 Main Street, Kansas City, MO 64101
   *Name* *Street Address: May not use PO Box unless street address also provided* *City/State/Zip*

3. The name and mailing address of each general partner is (if G.P. is a Corporation, this Certificate must be signed below by an authorized person. Also, include the state of domestication):

   John Doe, 1234 Main Street, Kansas City, MO 64101

   Ann Doe, 1234 Main Street, Kansas City, MO 64101

   Gail Smith, 1234 Main Street, Kansas City, MO 64101
   *Name* *Street Address* *City/State/Zip*

4. The events, if any, on which the limited partnership is to dissolve or the number of years the limited partnership is to continue, which may be any number or perpetual: _____

5. Any other matters the general partners want to include (may attach additional pages): _____

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____
   *(Date may not be more than 90 days after the filing date in this office)*

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Name and address to return filed document:

Name: LegalZoom.com, Inc.

Address: 9900 Spectrum Drive

City, State, and Zip Code: Austin, TX 78717

In Affirmation thereof, the facts stated above are true and correct.
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

**Must be signed by all general partners**

| | | |
|---|---|---|
| | John Doe, General Partner | |
| *Signature* | *Printed Name* | *Date* |
| | Ann Doe, General Partner | |
| *Signature* | *Printed Name* | *Date* |
| | Bob Smith, General Partner | |
| *Signature* | *Printed Name* | *Date* |
| | James Doe, General Partner | |
| *Signature* | *Printed Name* | *Date* |

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