Reset Form

Form 531A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

Expedite — PO Box 1390, Columbus, OH 43216
***** Requires an additional fee of $100 *****

Non Expedite — PO Box 670, Columbus, OH 43216

CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

Filing Fee: $125
(141-CLP)

Name of the Partnership WXYZ Services, LP

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 100 Main Street

Mailing Address

Columbus — City
OH — State
43201 — Zip Code

Effective Date **(Optional)** _____ Date **(The status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified that is not more than ninety days after filing)**

Name and Address of Each General Partner

Name	Business or Residential Address
John Doe	100 Main Street, Columbus, OH 43201
Jane Doe	100 Main Street, Columbus, OH 43201

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ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized representative(s) of

WXYZ Services, LP

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

John Doe

Agent Name

100 Main Street

Mailing Address

Columbus	**Ohio**	43201
City	State	Zip Code

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

WXYZ Services, LP

Name of Limited Partnership

hereby acknowledges and accepts the appointment of agent for said limited partnership

Signature of Statutory Agent

☐ **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.**

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By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by all general partners

Signature _____ Date _____

John Doe
Print Name

Signature _____ Date _____

Jane Doe
Print Name

Signature _____ Date _____

Print Name

Signature _____ Date _____

Print Name

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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.

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.

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.**

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