Print Form

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

CERTIFICATE OF LIMITED PARTNERSHIP

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-42-210 of the 1976 South Carolina code, as amended, the undersigned limited partnership submits the following:

1. The name of the proposed limited partnership is: **WXYZ Services, LP**

2. The address of the office of the registered agent of the limited partnership is:
   1234 Main Street,
   Street Address
   Little Rock, Pulaski County, AR 72201
   City County State Zip Code

3. The name of the registered agent at the above address: **John Doe**

   I hereby consent to the appointment as registered agent

   Agent's Signature

4. The address of the principal office is:
   1234 Main Street,
   Street Address
   Little Rock, Pulaski County, AR 72201
   City County State Zip Code

5. The name and mailing address of each general partner of the limited partnership:

   a. **John Doe**
   Name
   1234 Main Street,
   Mailing Address
   Little Rock, AR 72201
   City State Zip Code

   b. **Jane Doe**
   Name
   1234 Main Street,
   Mailing Address
   Little Rock, AR 72201
   City State Zip Code

6. The latest date upon which the limited partnership is to dissolve:_____

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WXYZ Services, LP

_____
Name of Limited Partnership

7. The optional provisions which the limited partnership wishes to include are as follows:

_____

_____

8. The existence of the limited partnership shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended):_____

Date_____

1. _____
Signature of General Partner
John Doe
_____
Type or Print Name

2. _____
Signature of General Partner
Jane Doe
_____
Type or Print Name

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FILING INSTRUCTIONS

1. Two copies of this application, the original and either a duplicate original or a conformed copy, must be filed.

2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this form by computer disk which will allow additional space to be included on the form.

3. This application must be signed by all general partners and accompanied by the filing fee of $10.00 payable to the "SECRETARY OF STATE."

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE.