



CERTIFICATE OF AUTHORITY (Foreign Limited Partnership)

Filing Fee: \$300.00

TO: OKLAHOMA SECRETARY OF STATE
421 NW 13th St, Suite #210
Oklahoma City, OK 73103
(405) 522-2520

PLEASE NOTE:

❖ **ATTACHED HERETO** is a **Certificate of Good Standing, Certificate of Existence, Certificate of Fact (Texas)**, or a record of similar import signed by the Secretary of State or other official having custody of the foreign limited partnership's publicly filed records in the state or other jurisdiction under whose law the foreign limited partnership is organized.

I hereby execute the following articles for the purpose of authorizing a foreign limited partnership to transact business in the state of Oklahoma pursuant to the provisions of Title 54, Section 500-902A:

1. The limited partnership is a Limited Liability Limited Partnership: **(check one)**

No (Article #2A) **OR** Yes (Article #2B)

2. A) Name of the limited partnership: (**Note:** The name of a limited partnership **must** contain either the words **LIMITED PARTNERSHIP** or the abbreviation **L.P.** or **LP.**)

B) Name of the limited liability limited partnership: (**Note:** The name of a limited liability limited partnership must contain the phrase "**limited liability limited partnership**" or the abbreviation **LLLP** or **L.L.L.P.**)

❖ If the legal name does not meet the statutory requirements **OR** if the legal name is not available for use in the state of Oklahoma, then you must attach a statement by a general partner of the limited partnership duly adopting a **fictitious name** that is available for use and/or satisfies the statutory requirements. (Title 54, Section 905A)

3. **State** or other jurisdiction of its organization: _____

4. Street and mailing address of its principal office, wherever located:

Street & Mailing Address (P.O. BOXES ARE NOT ACCEPTABLE)	City	State	Zip Code
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5. If the laws of the jurisdiction under which the foreign limited partnership is organized require the foreign limited partnership to maintain an office in that jurisdiction, **the street and mailing address of the required office:**

Street & Mailing Address (P.O. BOXES ARE NOT ACCEPTABLE)	City	State	Zip Code
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6. **E-MAIL** address of the primary contact for the registered business:

❖ Notice of the Annual Certificate will **ONLY** be sent to the limited partnership at its last known electronic mail address of record.

7. **NAME** and street and mailing address of the registered agent for service of process in the state of Oklahoma:

❖ The agent **shall** be an individual resident of Oklahoma **or** a domestic or qualified foreign corporation, limited liability company, or limited partnership.

Name	Street & Mailing Address (P.O. BOXES ARE <u>NOT</u> ACCEPTABLE)	City	Oklahoma State	Zip Code
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8. The Office of the Secretary of State is hereby appointed the agent for service of process if no agent has been appointed, or if appointed, the agent’s authority has been revoked, or if the agent cannot be found or served with the exercise of reasonable diligence.

9. **NAME** and street and mailing address of each general partner:

Name	Street & Mailing Address	City	State	Zip Code

The certificate of authority must be signed by all general partners stated within article #9.

❖ If the general partner is a corporation, the certificate **shall** be signed by an authorized officer of said corporation.

• Signed this _____ day of _____, _____ by:

Signature of General Partner

Signature of General Partner

Printed Name

Printed Name

Title

Title

**Oklahoma Secretary of State
Request to receive
documents electronically**

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

Return filed documents electronically

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)