



**Secretary of State  
Business Programs Division**

Business Entities

1500 11th Street, Sacramento, CA 95814

P.O. Box 944260, Sacramento, CA 94244-2600

---

## **Business Entities Submission Cover Sheet**

For fastest service, file online at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).

### **Instructions:**

- Complete and include this form with your paper submission. This form will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- In-person submissions (excluding Statements of Information): \$15 special handling fee. Do not include a \$15 special handling fee when submitting documents by mail.
- All submissions are reviewed in the date order of receipt, with online submissions given priority. For updated processing time information, visit [www.sos.ca.gov/business/be/processing-dates](http://www.sos.ca.gov/business/be/processing-dates).
- To obtain a certified copy, include certification fees with your submission.

**Note: All correspondence related to your submission will be sent to the name and address on your check or money order.**

### **Contact Person (Please type or print legibly):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Entity Information (Please type or print legibly):**

Entity Name: \_\_\_\_\_

Entity Number (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Secretary of State  
Certificate of Limited Partnership  
(LP)**

**LP-1**

**Filing Fee - \$70.00**

**Certified Copy Fee (Optional) - \$5.00**

*Note:* LPs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

*Above Space For Office Use Only*

**1. Limited Partnership Name** (Must contain an LP ending such as LP or L.P. "LP" will be added, if not included.)

**2. Business Addresses**

a. Initial Street Address of LP's Designated Office in California - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
		<b>CA</b>	
b. Initial Mailing Address of LP, if <b>different than item 2a</b>	City (no abbreviations)	State	Zip Code

**3. Service of Process** (Must provide either Individual **OR** Corporation.)

**INDIVIDUAL** – Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	Last Name	Suffix
b. Street Address (if agent is <b>not</b> a corporation) - <b>Do not enter a P.O. Box</b>	City (no abbreviations)	State	Zip Code
		<b>CA</b>	

**CORPORATION** – Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

**4. General Partners** (List the name and address of each general partner. Attach additional pages, if necessary.)

a. General Partner's Name			
General Partner's Address	City (no abbreviations)	State	Zip Code
b. General Partner's Name			
General Partner's Address	City (no abbreviations)	State	Zip Code

The information contained herein, including in any attachments, is true and correct.

\_\_\_\_\_  
General Partner Signature

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
General Partner Signature

\_\_\_\_\_  
Type or Print Name