



Office of the Secretary of State
Corporations & Charities Division

Foreign Limited Partnership

See attached detailed instructions

This Box For Office Use Only

- Filing Fee \$180.00
- Filing Fee with Expedited Service \$230.00

UBI Number: _____

FOREIGN LIMITED PARTNERSHIP REGISTRATION

Chapter 25.10 RCW

SECTION 1

NAME OF LIMITED PARTNERSHIP: *(Must contain the words Limited Partnership, LP or L.P.)*

NAME OF THE LIMITED PARTNERSHIP TO BE USED IN WASHINGTON: *(If different than above)*

“OR” SECTION 1 A *(If an LLLP designation is elected, see instructions)*

- This Limited Partnership elects to be recognized as a Limited Liability Limited Partnership

NAME OF LIMITED LIABILITY LIMITED PARTNERSHIP: *(Must contain the words Limited Liability Limited Partnership or LLLP or L.L.L.P)*

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY FORMED: _____

DATE OF ORIGINAL FORMATION: _____

(Certificate of Existence or similar import (not more than 60 days old) from original state must be attached)

SECTION 3

ADDRESS OF THE PRINCIPLE PLACE OF BUSINESS: *(Where records are maintained)*

Street Address _____ City _____ State/Country _____ Zip _____

PO Box _____ City _____ State/Country _____ Zip _____

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS IN WASHINGTON STATE:

Street Address _____ City _____ State WA Zip _____

PO Box _____ City _____ State WA Zip _____

SECTION 4

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: _____

Physical Location Address (required):

 City _____ WA Zip Code _____

Mailing or Postal Address (optional):

 City _____ WA Zip Code _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named partnership. I understand it will be my responsibility to accept Service of Process on behalf of the partnership; to forward mail to the partnership; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address. The Secretary of State will be appointed as agent if this agent's authority is revoked, agent cannot be found, or served with reasonable diligence.

X _____
Signature of New Registered Agent Printed Name Date

SECTION 5

NAME, MAILING ADDRESS AND SIGNATURE OF EACH GENERAL PARTNER:

(If necessary, attach additional names, addresses, and signatures)

Name: _____

Address: _____

City _____ State _____ Zip Code _____

X _____
Signature of Partner Printed Name Date Phone

Name: _____

Address: _____

City _____ State _____ Zip Code _____

X _____
Signature of Partner Printed Name Date Phone

Name: _____

Address: _____

City _____ State _____ Zip Code _____

X _____
Signature of Partner Printed Name Date Phone

INSTRUCTIONS – FOREIGN LIMITED PARTNERSHIP REGISTRATION

Please complete all sections of the Foreign Limited Partnership Registration. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

Section 1 (or Section 1 A)

Indicate the Limited Partnership (LP) name. The Limited Partnership must contain the words Limited Partnership or the abbreviation LP or L.P. unless otherwise addressed in RCW 25.10.020. A Limited Partnership name must be distinguishable upon the records of the Secretary of State from any other formally organized entity registered with the Secretary of State's office, such as corporations, limited liability companies, limited partnerships, and limited liability partnerships. It is advised that you contact the Secretary of State to check for name availability before filing @360-725-0377.

Section 1 A: (LLLP designation)

A Limited Partnership may elect to become a Limited Liability Limited Partnership by indicating on section 1a. If selected, the name must include Limited Liability Limited Partnership or LLLP or L.L.L.P. in the title. If completing Section 1 a then the naming of a Limited Partnership is not necessary when creating a LLLP.

Section 2

Enter the state/country and the date of the original formation. You must attach a Certificate of Existence (*not more than 60 days old*) or similar import stating that as of the date of filing the Limited Partnership exists under the laws of the jurisdiction of its formation.

Section 3

Enter the address of the Limited Partnership's principle place of business (home state/country) were records are maintained. You must also indicate the principle place of business to be used in Washington.

Section 4

All Limited Partnerships must have a Registered Agent in Washington State. The Registered Agent may be an individual who is a resident of Washington State, or a business entity registered with the Secretary of State's office. The agent **must have** a physical address in Washington State where they can be located. An alternative mailing address may be used in addition to the physical address. The mailing address must also be in Washington State. **The Registered Agent must print their name and sign the consent to serve as registered agent. If the agent's authority has been revoked or if the agent cannot be found or served, the Secretary of State will be appointed as agent.**

Section 5

The original Certificate of Limited Partnership must be signed by all general partners named therein. In section 6 provide the name, address, and signature for each general partner. If the General Partner is an entity, list the name and title of the person signing on behalf of the general partner. If necessary, attach additional names, addresses, and signatures. RCW 25.10.110.

Additional Information:

UBI Number: If available, please enter your existing Unified Business Identifier (UBI Number) as currently recorded with the Office of the Secretary of State, in the box in the upper right hand corner of page 1.

FEES: The filing fee for Certificate of Limited Partnership is \$180.00 for a one year period. If expedited service is requested, include an additional \$50.00 and write "EXPEDITE" on the outside of the envelope. Make the checks or money orders payable to "Secretary of State". **(ALL fees are non-refundable)**

Mail completed forms and payment to:

Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.