**FILING FEE: \$300.00** 

PRINT CLEARLY

## REGISTRATION OF FOREIGN LIMITED PARTNERSHIP

TO: OKLAHOMA SECRETARY OF STATE 2300 N. Lincoln Blvd., Room 101, State Capitol Building Oklahoma City, Oklahoma 73105-4897 (405) 521-3912

## PLEASE NOTE:

**A.** This application <u>must</u> be accompanied by an <u>original</u> certificate from the certifying officer of the jurisdiction of the foreign limited partnership's organization attesting to the foreign limited partnership's organization under the laws of such jurisdiction. This certificate is most commonly known as a **Certificate of Good Standing** or a **Certificate of Existence** and is usually issued by the Secretary's of State's office. This certificate <u>must</u> be issued within the last **60 days**.

- **B.** The name under which a foreign limited partnership may register **shall** include the words **LIMITED PARTNERSHIP** or the abbreviations **L.P. or LP** (Title 54, Oklahoma Statutes, Section 303)
- **C.** If the name of the foreign limited partnership does not satisfy the statutory requirements as set out in paragraph "B" of this form <u>or</u> if the name of such partnership is not available for use in the state of Oklahoma, a statement by its general partner duly adopting a fictitious name that is available, and/or which does satisfy the statutory requirements, <u>MUST BE ATTACHED HERETO</u>. Such fictitious name shall be used to the exclusion of the partnership's true name when transacting business in Oklahoma. (Title 54, Oklahoma Statutes, Section 352)

The undersigned for the purpose of registering a foreign limited partnership pursuant to the provisions of Title 54, Oklahoma Statutes, Section 350, hereby executes the following application:

1.	The name of the li	mited partnership is:						
2.	The jurisdiction of its formation:							
3.	The date of its formation:							
					on in dividual			
4. The name and street address of the agent for service of process, if any (The agent <u>must</u> be an individual resident of the state of Oklahoma, or a domestic or foreign corporation, limited partnership or limited liability company authorized to do business in this state.):								
Na	ame	Street Address		City	Zip Code			

(P.O. Boxes are **NOT** acceptable)

Street Address			City	State	Zip Code				
6.	The name and business address of each general partner:								
	Name	Address	City	State	Zip Code				
-		ne office at which is kept a e foreign limited partnersl withdrawn:			-				
Stree	t Address		City	State	Zip Code				
_	ership for service o	State of the State of Oklar f process if no agent has be annot be found or served	een appointed, or if a	ppointed, the agent's	_				
		SIGNATURE O	F A GENERAL PA	RTNER					
Date	d thisday	of							
			are of General Partner licable:						
		(Ту	pe or Print Name)						