



State of Arizona – Office of the Secretary of State
Certificate of Limited Partnership
A.R.S. § 29-308(A)

SEND BY MAIL TO:
 Secretary of State Katie Hobbs, Atten: Limited Partnerships
 1700 W. Washington Street, FL. 7, Phoenix, AZ 85007-2808

OR return this application in person:
PHOENIX - State Capitol Executive Tower, 1700 W. Washington Street, 2nd Fl., Ste. 220
TUCSON - Arizona State Complex, 400 W. Congress, 1st Fl., Suite 141
Office Hours: Monday through Friday, 8 a.m. to 5 p.m., except state holidays.

KATIE HOBBS
 SECRETARY OF STATE

PLEASE NOTE: All correspondence regarding this filing will be sent to the principal office identified on this certificate. This application must be submitted with a self-addressed, stamped envelope with applicable filing fees.

DO NOT WRITE IN THIS SPACE

FOR OFFICE USE ONLY
SOSBS ARS29308 REV. 01/07/2022

INSTRUCTIONS

When to use this form: *"In order to form a limited partnership a certificate of limited partnership shall be executed and filed in the office of the secretary of state..."* A.R.S. § 29-308(A) et seq.

Be Accurate: Complete all applicable fields on this form. Write legibly; or fill out this application online at www.azsos.gov and print it.

Website: All forms are available on the Secretary of State's Website, www.azsos.gov.

Questions? Call (602) 542-6187; in-state/toll-free (800) 458-5842.

Submission: Submit this certificate in duplicate (one original, one copy) with a self-addressed, stamped envelope with payment. Any other matters, please attach additional sheets with filing.

Filing Fee and Payment: Fee \$10; \$3 per page; Checks or money orders shall be made payable to the *Secretary of State*. Credit cards accepted for in person filings.

Processing: 2-3 weeks; expedited service (5 business days) available for an additional \$25.

1. Limited Partnership information							
Name of limited partnership (End the name with the words "Limited Partnership" or "L.P.")					Partnership Email Address		
Arizona address of principal office (P.O. Box or C/O are unacceptable)				City			
State AZ	Zip Code	The latest date on which the limited partnership is to dissolve, if applicable ~ A.R.S. § 29-308(B)			Month	Day	Year
2. Agent for Service of Process information							
Agent for service of process					(Area code) Phone number - optional ()		
Arizona address of agent (P.O. Box or C/O are unacceptable)				City	State AZ	Zip Code	
3. General Partner information (include the name and business address of every general partner, attach additional sheets if necessary).							
General Partner (Printed)		Signature			Month	Day	Year
Address				City	State	Zip Code	
General Partner (Printed)		Signature			Month	Day	Year
Address				City	State	Zip Code	
General Partner (Printed)		Signature			Month	Day	Year
Address				City	State	Zip Code	
General Partner (Printed)		Signature			Month	Day	Year
Address				City	State	Zip Code	
General Partner (Printed)		Signature			Month	Day	Year
Address				City	State	Zip Code	

If necessary, please attach additional sheets.