

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Certificate of Limited Partnership**  
(15 Pa.C.S. § 8511)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**



Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8511 (relating to certificate of limited partnership), the undersigned, desiring to form a limited partnership, hereby certifies that:

1. The name of the limited partnership (*may contain the word "company", or "limited" or "limited partnership" or any abbreviation*):

\_\_\_\_\_

2. The (a) address of the limited partnership's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider	County			
c/o:	_____			

3. The name and business address of each general partner of the partnership is:

Name	Address
_____	_____
_____	_____
_____	_____

4. Check, and if appropriate complete, one of the following:

\_\_\_ The formation of the limited partnership shall be effective upon filing this Certificate of Limited Partnership in the Department of State.

\_\_\_ The formation of the limited partnership shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date Hour

5. The specified effective date, if any is:

\_\_\_\_\_ month date year hour, if any

IN TESTIMONY WHEREOF, the undersigned general partner(s) of the limited partnership has (have) executed this Certificate of Limited Partnership this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature