PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Return document by mail to:			Certificate of Limited Partnership DSCB:15-8621 (rev. 2/2017)	
Address				
City State Zip Code		Zip Code		
Return document by	y email to:		8621	
		Į		
Fee: \$125	I qualify for a	veteran/reservist-owned	small business fee exemp	tion (see instructions)
	with the requirements of g to form a limited partners			partnership), the
• The name of the <i>abbreviation of th</i>	limited partnership (may c hese terms):	contain the word "compo	ıny," "limited" or "limited	d partnership" or any
. Complete part (a)	or (b) – not both:			
	of this limited partnership box alone is not acceptable	's registered office in th e)	is Commonwealth is:	
			is Commonwealth is: State Zig	o County
(<i>post office l</i> Number and Street		e) City	State Zip	-
(<i>post office l</i> Number and Street	box alone is not acceptable	e) City	State Zip	
(post office b Number and Street (b) The name o c/o:	box alone is not acceptable	e) City	State Zip	
(post office b Number and Street (b) The name o c/o: Name of Commercia	box alone is not acceptable	e) City s commercial registered	State Zip office provider and county County	-
(post office b Number and Street (b) The name of c/o: Name of Commercia 3. The name and add	box alone is not acceptable of this limited partnership's	e) City s commercial registered number, if any, of each	State Zip office provider and county County	-
(post office b Number and Street (b) The name of c/o: Name of Commercia 3. The name and add Name . Effective date of O	box alone is not acceptable of this limited partnership's al Registered Office Provider dress, including street and Certificate (check, and if a	city s commercial registered number, if any, of each Address	State Zip office provider and county County general partner is: general partner is: general partner is: general partner is:	v of venue is:
(post office b Number and Street (b) The name of c/o: Name of Commercia 3. The name and add Name 4. Effective date of C □ The Certificate	box alone is not acceptable of this limited partnership's al Registered Office Provider dress, including street and Certificate (check, and if a e of Limited Partnership sh	city s commercial registered number, if any, of each Address <i>ppropriate complete, on</i> all be effective upon fili	State Zip office provider and county County general partner is: e of the following): ng in the Department of S	tate.
(post office b Number and Street (b) The name of c/o: Name of Commercia 3. The name and add Name 4. Effective date of C □ The Certificate	box alone is not acceptable of this limited partnership's al Registered Office Provider dress, including street and Certificate (check, and if a	city s commercial registered number, if any, of each Address <i>ppropriate complete, on</i> all be effective upon fili	State Zip office provider and county County general partner is: e of the following): ng in the Department of S	tate.

Signature

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