



Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

Address

Street

City

State

ZIP Code

Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

Certificate of Domestic Limited Partnership
Filing Fee: \$99
(141-CLP)
Form Must Be Typed

Name of the Partnership

Name must include one of the following words or abbreviations: "Limited Partnership," "L.P.," "Limited." or "Ltd."

Address of the Partnership's Principal Place of Business

Mailing Address

City

State

ZIP Code

Effective Date (Optional)

Date

(The status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified that is not more than ninety days after filing)

Name and Address of Each General Partner

Name

Business or Residential Address

Original Appointment of Statutory Agent

The undersigned authorized representative(s) of

(Name of Limited Partnership)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited partnership may be served. The complete address of the agent is:

(Name of Statutory Agent)

(Mailing Address)

(Mailing City)

(Mailing State)

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, named herein as the statutory agent for

(Name of Limited Partnership)

hereby acknowledges and accepts the appointment of agent for said limited partnership.

(Individual Agent's Signature / Signature on Behalf of Corporate Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by all general partners.

If general partner is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If general partner is a business entity, not an individual, then please print the business name in the "signature" box, a general partner of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Instructions for Certificate of Domestic Limited Partnership

This form should be used to form a domestic limited partnership.

Name of Partnership

Pursuant to Ohio Revised Code §1782.02 the name of a limited partnership must include the word or abbreviation "Limited Partnership," "L.P.," "Limited," or "Ltd." The name must not contain the name of a limited partner unless the name is also the name of a general partner or the business of the limited partnership had been carried on under that name prior to the admission of that limited partner. The name must be distinguishable upon the records in the office of the secretary of state. See Name Availability Guide at www.OhioSecretaryofState.gov, for more information regarding name requirements and restrictions.

Address of Principal Place of Business

Please provide the address of the principal place of business of the limited partnership.

Effective Date

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1782.08(C), the status of the partnership as a limited partnership begins upon the filing of the certificate or on a later date specified in the certificate provided it is not more than 90 days after filing.

Name and Address of General Partners

Please provide the name and business or residence address of each general partner. If a foreign corporation is a general partner, the corporation must be licensed to do business in Ohio pursuant to OAG 89-081.

Original Appointment of Statutory Agent and Acceptance of Appointment

Pursuant to Ohio Revised Code §1782.04, an Ohio limited partnership must appoint and maintain a statutory agent to accept service of process on behalf of the partnership. We cannot accept a certificate of limited partnership unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment on page 2.

Signature(s)

After completing the information on the filing form, please make sure that the form is signed by all general partners.

Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

****Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**