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## 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.

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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.



**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.)

P.O. Box 1390 **Requires an additional \$100.00.**

Columbus, OH 43216

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

# Certificate of Foreign Limited Partnership

**Filing Fee: \$99**

**(104-LPF)**

**Form Must Be Typed**

**Name of limited partnership in jurisdiction of formation**

**Name under which the foreign limited partnership desires to transact business in Ohio (if different from its jurisdiction of formation)**

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

**Jurisdiction of Formation**

**Date of Formation**

**Address of the office required to be maintained in the jurisdiction of formation by the laws of that jurisdiction or, if not so required, of the principal office of the foreign limited partnership.**

Mailing Address

City

State

ZIP Code

**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 Foreign 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)

The entity above irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE, if

- A. an agent is not appointed or**
- B. an agent is appointed but the authority of that agent has been revoked, or**
- C. the agent cannot be found or served after the exercise or reasonable diligence**

Provide the address of the office where a list of the names and business or residence addresses of the partners of the limited partnership and their capital contributions is to be maintained until the registration of the foreign limited partnership is canceled or withdrawn

Mailing Address

City

State

ZIP Code

**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 at least one general partner.

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

Signature

By

Print Name

## Instructions for Certificate of Foreign Limited Partnership

This form should be used to register a foreign limited partnership. A foreign limited partnership must register prior to transacting business in Ohio.

### **Name of Partnership**

The name of the foreign limited partnership can be any name, whether or not it is the name under which it is registered in its jurisdiction of formation, that can be registered by an Ohio limited 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 was 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 our Name Availability Guide at [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov), for more information regarding name requirements and restrictions.

### **Jurisdiction of Formation**

Please provide the foreign limited partnership's jurisdiction of formation and the date of its formation in that jurisdiction.

Also, provide the address of the office required to be maintained in the limited partnership's jurisdiction of formation by the laws of that jurisdiction. If no such address is required, provide the address of the foreign limited partnership's principal office.

### **Name and Address of General Partners**

Please provide the name and business or residence address of each general partner. Note: If the general partner is a foreign entity, the entity must be registered/licensed in Ohio, pursuant to Ohio Attorney General Opinion 89-081.

### **Original Appointment of Statutory Agent and Acceptance of Appointment**

Pursuant to Ohio Revised Code §1782.49, a foreign limited partnership must appoint and maintain a statutory agent to accept service of process on behalf of the partnership. 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.

By filing this form, a limited partnership agrees to the statements on the certificate which state that the secretary of state is the appointed agent of the foreign limited partnership for service of process if (1) the agent has not been appointed; (2) an agent is appointed, the agent's authority has been revoked; or (3) the agent is not found or served after the exercise of reasonable diligence.

### **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 ½ x 11 sheet(s) of paper.

**Signature(s)**

After completing all information on the filing form, please make sure that the form is signed by at least one general partner.

**\*\*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.**