



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 1329
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 Disclaimer of General Partner Status/Certificate
of Cancellation of Disclaimer of General Partner Status
(Limited Partnership)
Filing Fee: \$50
Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

<p>(1) <input type="checkbox"/> Certificate of Disclaimer of General Partner Status (999-GEN)</p>	<p>(2) <input type="checkbox"/> Certificate of Cancellation of Disclaimer of General Partner Status (130-LPS)</p>
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<div data-bbox="175 884 1446 999" style="border: 1px solid black; height: 55px; margin-bottom: 10px;"></div> <p>Name of Partnership</p> <div data-bbox="175 1083 444 1129" style="border: 1px solid black; height: 22px; margin-bottom: 10px;"></div> <p>Registration Number</p>
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Complete the information in this section if box (1) is checked

<p>The date of the filing that inaccurately refers to the person as a general partner</p> <div data-bbox="175 1394 401 1440" style="border: 1px solid black; height: 22px; margin-bottom: 10px;"></div> <p>Date (MM/DD/YYYY)</p> <p>Name of person inaccurately referred to as a general partner</p> <div data-bbox="175 1583 945 1631" style="border: 1px solid black; height: 23px; margin-bottom: 10px;"></div> <p>Print Name</p>
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Complete the information in this section if box (2) is checked

The date on which the Certificate of Disclaimer of General Partner status in question was filed

Date (MM/DD/YYYY)

Name of the person who disclaimed partnership status on the certificate of disclaimer of general partner status

Print Name

Attach a copy of the certificate of limited partnership

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 the person disclaiming partner status or the person identified on the certificate of disclaimer of general partner status that is to be cancelled.

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

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative 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

Instructions for Certificate of Disclaimer of General Partner Status/ Certificate of Cancellation of Disclaimer of General Partner Status

This form should be used to correct partner status within a reasonable time after learning that a filed certificate of limited partnership inaccurately refers to a person as a general partner. Check box one to file a certificate of disclaimer of general partner status.

This form should be used if a person filed a certificate of disclaimer of general partner status and becomes aware that any statement in the certificate of disclaimer was materially false when made or that any arrangement or other fact described in the certificate has changed and that the certificate of disclaimer thus is materially inaccurate. The person must promptly file a certificate of cancellation of disclaimer of general partner status.

Name and Registration Number of the Partnership

The name and registration number of the partnership must be provided.

Certificate of Disclaimer of General Partner Status

Provide the date of the filing that inaccurately refers to the person as a general partner and the name of the person who inaccurately was referred to as a general partner.

When filing a certificate of disclaimer of general partner status, the person must attach a copy of the certificate of limited partnership that inaccurately refers to the person as a general partner. Once the Certificate of Disclaimer of General Partner Status is filed with the secretary of state, the person disclaiming partner status must provide a copy of the certificate to the partnership.

Certificate of Cancellation of Disclaimer of General Partner Status

Provide the date on which the certificate of disclaimer of general partner status in question was filed with the secretary of state. Also, provide the name of the person who disclaimed partner status on the certificate of disclaimer of general partner status.

When filing a certificate of cancellation of disclaimer of general partner status, provide a copy of the certificate to the partnership.

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.

Signature(s)

After completing all information on the filing form, please make sure that the form is signed by the person disclaiming partner status or the person identified on the certificate of disclaimer of general partner status that is to be canceled.

****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.**