



State of Missouri
John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

Application for Registration
Of a Foreign Limited Partnership in Missouri
(Submit with filing fee of \$105.00)

1. The name of the foreign limited partnership is _____

2. If different from the name listed above, the name under which the foreign limited partnership will transact business in Missouri is (must include "L.P.", "LP", or "limited partnership" in name):

3. The limited partnership was formed in the state or jurisdiction of _____ on the date of _____, and is to dissolve on _____ month/day/year, event, or perpetual.

4. The name and address of the limited partnership's registered agent in Missouri is (this line must be completed):

Name Street Address: May not use PO Box unless street address also provided City/State/Zip
The Secretary of State is appointed agent for service of process if the foreign limited partnership fails to maintain a registered agent.

5. The address of the office required to be maintained in the state of its organization by the laws of that state or, if none required, the address of the principal office of the foreign limited partnership:

Name Street Address: May not use PO Box unless street address also provided City/State/Zip

6. List all general partners (with business addresses):

Name Street Address: May not use PO Box unless street address also provided City/State/Zip

7. The address of the office at which a list of the names and addresses and capital contributions of limited partners is kept:

Name Street Address: May not use PO Box unless street address also provided City/State/Zip

(Please see next page)

Name and address to return filed document:
Name: _____
Address: _____
City, State, and Zip Code: _____

8. The application shall include a certificate of existence or document of similar import duly authenticated by the official having custody of the records in the state or country where it is registered. Such document should be dated within 60 calendar days of filing this application.

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

General Partner Signature

Printed Name

Date