

DSCB:15-8201A-2

3. The general/limited (*strike out inapplicable term*) partnership registers under 15 Pa.C.S. Subchapter 82A.

4. The registration has been authorized by at least a majority in interest of the partners.

IN TESTIMONY WHEREOF, the undersigned general partner of the domestic registered limited liability partnership has executed this Statement of Registration this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**General Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. To file as a general partner to the limited liability partnership, prior registration is not required. To file as a limited partner to the limited liability partnership, the limited partner must be an existing limited partnership.
- C. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address. A general partnership or a limited partnership may file a Statement of Registration to be a limited liability partnership. For a general partnership, the address need only be set forth in the first part of Paragraph 2. For a limited partnership, the address need only be set forth in the second part of Paragraph 2.
- D. The following, in addition to the filing fee, shall accompany this form:
  - (1) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (2) Any necessary governmental approvals.
- E. This form shall be executed by a general partner. Any natural person of full age, general partnership, limited partnership, corporation or business or other trust may be designated as a general partner in the general partnership or limited partnership which is registering and may execute this form.
- F. This form and all accompanying documents shall be mailed to the address stated above.
- G. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Domestic Registered Limited Liability Partnership**  
(15 Pa.C.S.)

Entity Number

Statement of Amendment (§ 8201B)  
 Statement of Termination (§ 8201C)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8201 (relating to amendment of registration/statement of termination), the undersigned desiring to amend/terminate its registration as a domestic registered limited liability partnership, hereby certifies that:

1. The name of the domestic registered limited liability partnership is:

\_\_\_\_\_

2. Complete one of the following:

\_\_\_ The partnership is a general partnership and the address, including number and street, if any, of its principal place of business:

Number and street	City	State	Zip	County
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\_\_\_ The partnership is a limited partnership and the (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County

c/o: \_\_\_\_\_

DSCB:15-8201B/8201C-2

3. *Complete for Statement of Amendment Only:*  
The amendment authorized by the partnership, set forth in full, is as follows:

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4. *Check boxes for Statement of Amendment Only:*

The restated Statement of Registration is set forth in full in Exhibit A, attached hereto and made a part hereof, and supersedes the original Statement of Registration and all previous amendments thereto.

The amendment has been authorized by at least a majority in interest of the partners.

5. *Check boxes for Statement of Termination Only:*

The registration of the partnership under the provisions of 15 Pa.C.S. § 8201 (relating to statement of termination) is hereby terminated.

The termination has been authorized by at least a majority in interest of the partners.

IN TESTIMONY WHEREOF, the undersigned general partner of the domestic registered limited liability partnership has executed this Statement of Amendment/Termination this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Signature



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**General Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. A general partnership or a limited partnership may file a Statement of Amendment/Termination to amend its registration/terminate its status as a limited liability partnership. For a general partnership, the address need only be set forth in the first part of Paragraph 2. For a limited partnership, the address need only be set forth in the second part of Paragraph 2. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. This form and all accompanying documents shall be mailed to the above stated address.
- D. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**Instructions for Amendment Only:**

- E. The following, in addition to the filing fee, shall accompany this form:
  - (1) If the amendment reflects a change of name, one copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
  - (2) If the amendment reflects a change of name of a general partnership, any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- F. This form shall be executed by any general partner.
- G. This form shall be filed upon the occurrence of any of the following events:
  - (1) A change in the name of the registered limited liability partnership.
  - (2) A change in address of the registered limited liability partnership.

A Statement of Registration for a domestic registered limited liability partnership may not be amended for any other purpose.

- H. If the address of the limited partnership which has registered as a registered limited liability limited partnership also changes, then a form DSCB:15-1507/4144/5507/6144/8506 (Statement of Change of Registered Office) must also be filed.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Statement of Withdrawal from  
Registered Limited Liability Partnership  
(15 Pa.C.S. § 8205)**

Entity Number

Name			
Address			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> </table>	City	State	Zip Code
City	State	Zip Code	

**Document will be returned to the name and address you enter to the left.**

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8205(c) (relating to statement of withdrawal), the undersigned partner of a registered limited liability partnership, desiring to evidence the partner's withdrawal from a registered limited liability partnership, hereby certifies that:

1. The name is of the registered limited liability partnership is:

\_\_\_\_\_

2. The name of the person withdrawing is:

\_\_\_\_\_

IN TESTIMONY WHEREOF, the undersigned person has caused this Statement of Withdrawal to be executed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

  

\_\_\_\_\_  
Name of Person

  

\_\_\_\_\_  
Signature

  

\_\_\_\_\_  
Title



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**Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. This form shall be executed by the person identified in the form as withdrawing as a partner from the partnership. If this form is executed by the personal representative of the withdrawing partner, the execution portion of the form should be modified accordingly.
- C. Under 15 Pa.C.S. § 8205(d) the person withdrawing shall send a copy of the filed statement of withdrawal to the registered limited liability partnership.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Certificate of Annual Registration**  
(15 Pa.C.S.)

Entity Number

Registered Limited Liability Partnership (§ 8221)  
 Limited Liability Company (§ 8998)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**

←

Fee: See Instructions D. and F.

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to annual registration), the undersigned domestic or foreign registered limited liability partnership/limited liability company, hereby states that:

1. The name of the registered limited liability partnership/limited liability company is:

\_\_\_\_\_

**Limited Liability Partnership: complete only paragraph 2**

2. The prescribed annual base fee of \$240 times \_\_\_\_\_ (the number of persons who were general partners of this partnership on December 31, \_\_\_\_\_ and who are described in § 8221(b)(1)) accompanies this Certificate of Annual Registration.

**Limited Liability Company: complete only paragraphs 3 and 4**

3. Check, and if appropriate complete, one of the following:

The company did not engage in any business not permitted by § 8996(a) (relating to purposes of restricted professional companies) during the year with respect to which this certificate is being filed.

The company did engage in business not permitted by § 8996(a) (relating to purposes of restricted professional companies) during the year with respect to which this certificate is being filed.

4. The prescribed annual base fee of \$360 times \_\_\_\_\_ (the number of persons who were members of this company on December 31, \_\_\_\_\_ and who are described in § 8998(b)(1)) accompanies this Certificate of Annual Registration.



DSCB:15-8221/8998-2

IN TESTIMONY WHEREOF, the undersigned general partner/member has executed this Certificate of Annual Registration this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Name of Limited Liability Partnership/Company

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Signature

DSCB: 15-8221/8998



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(717) 787-1057**

**Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**General Instructions for Completion of Form:**

- A. This form must be filed on or before April 15 of each year following the year with respect to which it is being filed.
- B. This form and all accompanying documents shall be mailed to the address stated above.
- C. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**Instructions for Annual Registration for Registered Limited Liability Partnership**

- D. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The annual fee of \$240 times the number of persons who were general partners of the partnership on December 31 shall accompany this form and shall be made payable to the Department of State. The base fee of \$240 was increased on December 31, 2000. See § 8221(b)(2). Nonpayment of the annual fee will create a lien on the assets of the company.
- E. The annual fee is required to be paid only with respect to a general partner who:
  - (1) in the case of a natural person, had his principal residence in Pennsylvania, or
  - (2) in the case of any other person, was incorporated or otherwise organized or existing under the laws of Pennsylvania. See § 8221(b)(1).

**Instructions for Annual Registration for Limited Liability Company**

- F. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The annual fee of \$360 times the number of persons who were members of the company on December 31 shall accompany this form and shall be made payable to the Department of State. The base fee of \$360 was increased on December 31, 2000. See § 8998(b)(2). Nonpayment of the annual fee will create a lien on the assets of the company.
- G. The annual fee is required to be paid only with respect to a member who:
  - (1) was licensed to practice the professional service rendered by the company; and
  - (2) had principal residence in Pennsylvania. See § 8998(b)(1).

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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Entity Number

**Certificate of Limited Partnership**  
(15 Pa.C.S. § 8511)

Name			
Address			
City	State	Zip Code	

**Document will be returned to the name and address you enter to the left.**

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Fee: \$100

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8511 (relating to certificate of limited partnership), the undersigned, desiring to form a limited partnership, hereby certifies that:

1. The name of the limited partnership (*may contain the word "corporation", "company", or "limited" or abbreviation*):

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2. The (a) address of the limited partnership's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
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(b) Name of Commercial Registered Office Provider	County
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c/o: \_\_\_\_\_

3. The name and business address of each general partner of the partnership is:

Name	Address
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DSCB:15-8511-2

4. Check, and if appropriate complete, one of the following:

The formation of the limited partnership shall be effective upon filing this Certificate of Limited Partnership in the Department of State.

The formation of the limited partnership shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date Hour

5. The specified effective date, if any is:

\_\_\_\_\_

month      date              year              hour, if any

IN TESTIMONY WHEREOF, the undersigned general partner(s) of the limited partnership has (have) executed this Certificate of Limited Partnership this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



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**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
- (1) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (2) Any necessary governmental approvals.
- D. For general instructions relating to the formation of limited partnerships see 19 Pa. Code Ch. 73 (relating to limited partnerships).
- E. This form shall be executed by all general partners named herein. Any natural person of full age, general partnership, limited partnership, corporation or business or other trust may form a limited partnership if the organizing entity is designated as a general partner in and executes this form. Under 15 Pa.C.S. § 8513 (relating to certificate of cancellation) the Certificate of Limited Partnership shall be canceled whenever there are no limited partners, but it is not necessary to name the limited partners in the Certificate of Limited Partnership.
- F. Optional provisions required or authorized by law may be added as Paragraphs 4, 5, and 6...etc. If a partner's interest in the limited partnership is to be evidenced by a certificate of partnership interest, a statement to that effect must be included in this form. See 15 Pa.C.S. § 8511(a)(4).
- G. This form and all accompanying documents shall be mailed to the address stated above.
- H. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Certificate of Amendment-Domestic**  
(15 Pa.C.S.)

Entity Number

Limited Partnership (§ 8512)  
 Limited Liability Company (§ 8951)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**

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Fee: \$52

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:

\_\_\_\_\_

2. The date of filing of the original Certificate of Limited Partnership/Organization:

3. *Check, and if appropriate complete, one of the following:*

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

\_\_\_\_\_

\_\_\_\_\_

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. *Check, and if appropriate complete, one of the following:*

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.

Date                      Hour

DSCB:15-8512/8951-2

5. *Check if the amendment restates the Certificate of Limited Partnership/Organization:*  
 The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Name of Limited Partnership/Limited Liability Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title



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web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**General Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. The following, in addition to the filing fee, shall accompany this form:
- (1) If the amendment effects a change of name, two copies of a completed form DSCB:15-134B Docketing Statement-Changes).
  - (2) If the amendment effects a change of name, any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- C. This form and all accompanying documents shall be mailed to the above stated address.
- D. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**Instruction for Amendment for Domestic Limited Liability Company Only:**

- E. A Certificate of Organization may be amended for any other proper purpose, including a restatement of the certificate in its entirety, omitting any matter that is obsolete or no longer required. Form DSCB:15-8906 (Certificate of Change of Registered Office) may be used if the only change in the certificate is a change of registered office.

**Instruction for Amendment for Domestic Limited Partnership Only:**

- F. This form shall be executed by any general partner and each other entity designated in the form as a new general partner. If this form is executed by an individual or by multiple parties, the execution portion of the form should be modified accordingly.
- G. This form shall be filed upon the occurrence of any of the following events:
- (1) A change in the name of the limited partnership.
  - (2) The admission of a new general partner.
  - (3) The withdrawal of a general partner not reflected by the filing of form DSCB:15-8524/8532 (Certificate of Withdrawal by General Partner-Limited Partnership/From Limited Partnership). This form should be used where the withdrawal is accompanied by another change in the Certificate of Limited Partnership, e.g., the addition of a new general partner.
- H. A Certificate of Limited Partnership may be amended for any other proper purpose, including a restatement of the certificate in its entirety, omitting any matter that is obsolete or no longer required. Form DSCB:15-1507/4144/5507/6144/8506 (Statement of Change of Registered Office) shall be used if the only change in the certificate is a change of registered office.



**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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Entity Number

**Certificate of Cancellation  
Limited Partnership**  
(15 Pa.C.S. § 8513)

Name		
Address		
City	State	Zip Code

Document will be returned to the name and address you enter to the left.  
←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8513 (relating to certificate of cancellation), the undersigned limited partnership, desiring to cancel its Certificate of Limited Partnership, hereby certifies that:

1. The name of the limited partnership is:

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2. The date of filing of the original Certificate of Limited Partnership is:

3. Check one of the following:

The limited partnership has been dissolved.

The limited partnership has no limited partners.

4. Check, and if appropriate complete, one of the following:

The cancellation shall be effective upon filing this Certificate of Cancellation in the Department of State.

The cancellation shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.

Date                      Hour

DSCB:15-8513-2

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Cancellation to be executed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Limited Partnership

---

Signature

---

Title



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(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. This form shall be executed by all general partners or liquidating trustees or, if there is no general partner or liquidating trustee, by a majority in interest of the limited partners, and the execution portion of the form should be modified accordingly.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.
  - (2) Any necessary governmental approvals.
- D. This form and all accompanying documents shall be mailed to the address stated above.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

<b>PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU</b>	
<b>Certificate Pursuant to Judicial Order Limited Partnership (15 Pa.C.S. § 8515)</b>	
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Entity Number</div>	
<div style="border: 1px solid black; padding: 5px;">                 Name  <hr/>                 Address  <hr/>                 City                      State                      Zip Code  <hr/> </div>	Document will be returned to the name and address you enter to the left. ←

Fee: None

Filed in the Department of State on \_\_\_\_\_

  

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8515 (relating to execution by judicial act), the undersigned clerk of the court, desiring to evidence the filing by judicial act of a certificate with respect to a domestic limited partnership, hereby certifies that:

1. The name of the limited partnership is:

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2. The (a) address of this limited partnership's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
<hr style="border: 0.5px solid black;"/>				
(b) Name of Commercial Registered Office Provider				County
c/o: <hr style="border: 0.5px solid black;"/>				

3. The court, term and number or other identification of the proceeding in which a decree requiring the filing of this certificate with respect to the limited partnership was entered is:

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4. A certified copy of the decree requiring the filing of this certificate is set forth in full in Exhibit A attached hereto and made a part hereof.

DSCB:15-8515-2

IN TESTIMONY WHEREOF, the undersigned clerk of the court has executed this Certificate Pursuant to Judicial Order this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Court

---

Signature

---

Title



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**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. No filing fee is required with respect to this form.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. This form and all accompanying documents shall be mailed to the above stated address.
- D. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

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**Certificate of Summary of Record  
Limited Partnership  
(15 Pa.C.S. § 8519)**

Entity Number

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Document will be returned to the name and address you enter to the left.

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

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Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8519 (relating to filing of certificate of summary of record by limited partnerships formed prior to 1976), the undersigned limited partnership formed under the laws of this Commonwealth, desiring to file a document in the Department under the Pennsylvania Revised Uniform Limited Partnership Act (15 Pa.C.S. § 8501 et. seq.), or to secure from the Department a certified copy of the Certificate of Limited Partnership of the partnership, hereby certifies that:

1. The name of the limited partnership is:

\_\_\_\_\_

2. The (a) address of this limited partnership's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

3. The statute by or under which it was formed:

\_\_\_\_\_

4. The limited partnership was originally formed on \_\_\_\_\_ Date \_\_\_\_\_ under the following name of:

\_\_\_\_\_

NOTICES

DSCB:15-8519-2

5. The original Certificate of Limited Partnership was recorded on \_\_\_\_\_ in the following place of:  
Date

---

6. Check, and if appropriate complete, one of the following:

\_\_\_ This certificate is being delivered to the Department of State contemporaneously with an amended Certificate of Limited Partnership which restates the certificate in its entirety.

\_\_\_ The currently effective Certificate of Limited Partnership is filed or recorded as follows and the text of such currently effective certificate is set forth in Exhibit A attached hereto and made a part hereof (except any of such text which appears of record in the Department of State, which text is incorporated herein by reference to the records of the Department pursuant to 19 Pa. Code § 13.6 (relating to incorporation by reference)):

---

Recorder of Deeds book and page numbers, etc.

7. Check, and if appropriate, complete one of the following:

\_\_\_ The limited partnership has never adopted any name other than its original name and its current name.

\_\_\_ Each name by which the limited partnership was known, other than its original name and its current name, and the date or dates on which each change of name of the limited partnership became effective, are as follows:

Name	Effective Date of Adoption
_____	_____
_____	_____

IN TESTIMONY WHEREOF, the undersigned limited partnership has caused this Certificate of Summary of Record to be executed this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Limited Partnership

---

Signature

---

Title





**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form, if applicable (see instruction C, below), is \$52 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. When this form accompanies another filing, e.g., certificate of amendment, it will be deemed for filing fee and docketing statement purposes to be incorporated by reference into the filing to which it relates, and no separate filing fee shall be submitted.
- D. Set forth in Paragraph 5 the place or places, including volume and page numbers of their equivalent where the original Certificate of Limited Partnership was filed or recorded.
- E. The first alternate of Paragraph 6 is applicable to a non-surviving party to a plan of merger which restates the Certificate of Limited Partnership of the surviving partnership.
- F. Set forth in the second alternate of Paragraph 6 the place or places, including volume and page numbers or their equivalent, where the documents are filed or recorded, and the date or dates of each such filing or recording. Text which appears of record in the Department of State, may be incorporated by reference in this form to the records of the Department. This instruction is an exception to the general rule against incorporation by reference contemplated by 19 Pa. Code § 13.6 (relating to incorporation by reference).
- G. Include a clear and legible copy of the original Certificate of Limited Partnership and all amendments, or restate the certificate in its entirety.
- H. A limited partnership is required to file this form only once.
- I. This form and all accompanying documents shall be mailed to the address stated above.
- J. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Certificate of Withdrawal**  
(15 Pa.C.S.)

Entity Number

\_\_\_ From Limited Partnership (§ 8524)

\_\_\_ By General Partner-Limited Partnership (§ 8532)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Document will be returned to the name and address you enter to the left.

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

---

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8524 (relating to person erroneously believing himself a limited partner) or any other applicable provision of Chapter 85 (relating to limited partnerships), the undersigned person who erroneously believed itself to be a limited partner, or the undersigned limited partner named in a Certificate of Limited Partnership, or 15 Pa.C.S. § 8532(b) (relating to certificate of withdrawal), the undersigned general partner of a limited partnership, desiring to evidence withdrawal from a limited partnership, or to withdraw as a limited partner from a limited partnership or as a general partner from a limited partnership, hereby certifies that:

1. The name of the limited partnership is:

\_\_\_\_\_

2. The date of filing of the original Certificate of Limited Partnership is:

\_\_\_\_\_

3. Check one of the following:

\_\_\_ For Withdrawal from Limited Partnership Only: The name of the person withdrawing is:

\_\_\_\_\_

\_\_\_ For Withdrawal by General Partner-Limited Partnership Only: The name of the person withdrawing as a general partner is:

\_\_\_\_\_

IN TESTIMONY WHEREOF, the undersigned person has caused this Certificate of Withdrawal to be executed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

Name of Person

\_\_\_\_\_

Signature
Title



Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. *This form shall be executed for the following purposes:*
1. By each entity designated in the form as withdrawing from the partnership or withdrawing as a general partner from the partnership.
  2. A limited partner named in the Certificate of Limited Partnership withdraws from the limited partnership without amendment of the Certificate of Limited Partnership.
  3. Withdrawal as a limited partner without amendment of the Certificate of Limited Partnership or by a person who erroneously believes himself to be a limited partner.
  4. Withdrawal by a general partner without amendment of the Certificate of Limited Partnership.
- If this form is executed by an individual or by multiple parties, the execution portion of the form should be modified accordingly.
- C. Under 15 Pa.C.S. § 8524(a) the person withdrawing shall send a copy of the filed certificate of withdrawal to the limited partnership.
- D. This form and all accompanying documents shall be mailed to the above stated address.
- E. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Certificate of Termination**  
(15 Pa.C.S.)

Entity Number

Limited Partnership (§ 8546)  
 Limited Liability Company (§ 8957)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to termination of plan), the undersigned limited partnership(s) or limited liability company(s), desiring to terminate a merger or consolidation that has not yet become effective, hereby certifies (certify) that:

1. *Check one of the following:*

Set forth in full in Exhibit A, attached hereto and made a part hereof, is a copy of the filing to be terminated hereby as follows.

Certificate of Merger

Certificate of Consolidation

2. *Check as appropriate:*

Certificate has been executed by each limited partnership/limited liability company that is a party to the plan to be terminated.

This certificate has been executed by a limited partnership(s) or limited liability company(s) constituting less than all of the parties to the plan, as permitted by the plan to be terminated.

3. The plan has been terminated in accordance with the provisions thereof set forth therein.

DSCB:15-8546/8957-2

IN TESTIMONY WHEREOF, the undersigned limited partnership(s)/limited liability company(s) has (have) caused this Certificate of Termination to be executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Partnership/Limited Liability Company

---

Signature

---

Title

---

Name of Partnership/Limited Liability Company

---

Signature

---

Title



Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)

**General Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. This form and all accompanying documents shall be mailed to the above stated address.
- C. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.
- D. If general partnerships, corporations, business trusts or other entities are parties to the plan, appropriate changes should be made to this form.

**Instructions for Limited Partnership Only:**

- E. If only one limited partnership is required to execute this form, the signature line for the second limited partnership should be deleted.
- F. If three or more limited partnerships are required to execute this form, the appropriate number of signature lines should be added.

**Instructions for Limited Liability Company Only:**

- G. The following, in addition to the filing fee, shall accompany this form: two copies of a completed form DSCB:15-134B (Docketing Statement-Changes) with respect to each association affected by the terminated filing.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Certificate of Amendment of Registration-Foreign**  
(15 Pa.C.S. § 8585)

Entity Number

Limited Partnership  
 Registered Limited Liability Partnership  
 Registered Limited Liability Company

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**  
 ←

Fee: \$180

Filed in the Department of State on \_\_\_\_\_

\_\_\_\_\_

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8585 (relating to amended certificate of registration), the undersigned, desiring to change the arrangements or other facts described in its application for registration as a foreign limited partnership, foreign registered limited liability partnership or a foreign limited liability company hereby states that:

1. The name under which the association was registered (or last registered) to do business in the Commonwealth of Pennsylvania is:

\_\_\_\_\_

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

3. (If applicable): The address of the registered office of the association in this Commonwealth is hereby changed to:

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

DSCB:15-8585-2

4. *If applicable:* The association desires that its registration be amended to change its name to:  
\_\_\_\_\_

5. *If applicable:* The association desires that its registration be amended as follows in order to reflect arrangements or other facts that have changed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Amendment of Registration to be signed by a duly authorized officer, member or manager thereof this  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
\_\_\_\_\_  
Name of Association  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title



DSCB: 15-8585



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$180 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) If the amendment effects a change of name, one copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. Under 15 Pa.C.S. § 8585(b) upon the filing of this form the application for registration as a foreign limited partnership, a foreign registered limited liability partnership, or a foreign limited liability company shall be amended accordingly and no amended certificate will be issued to the association by the Department.
- E. This form and all accompanying documents shall be mailed to the address stated above.
- F. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Certificate of Cancellation of Registration-Foreign**  
(15 Pa.C.S. § 8586)

Entity Number

Limited Partnership  
 Registered Limited Liability Partnership  
 Registered Limited Liability Company

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Document will be returned to the name and address you enter to the left.**

←

Fee: \$52

Filed in the Department of State on \_\_\_\_\_

\_\_\_\_\_

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8586 (relating to cancellation of registration), the undersigned association, desiring to withdrawal from doing business in this Commonwealth, hereby states that:

1. The name under which the association was registered (or last registered) to do business in the Commonwealth of Pennsylvania is:

\_\_\_\_\_

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

3. The name of the jurisdiction under the laws of which the association was organized:

\_\_\_\_\_

4. The date on which the association registered to do business in this Commonwealth:

\_\_\_\_\_

5. The association herewith withdraws from doing business in this Commonwealth.

DSCB:15-8586-2

6. Notice of its intention to withdraw from doing business in this Commonwealth was mailed by certified or registered mail to each municipal corporation in which the registered office or principal place of business of the association in this Commonwealth is located.

7. Process in any action upon any liability incurred before the filing hereof may be sent to the following:

---

Number and street	City	State	Zip	County
-------------------	------	-------	-----	--------

IN TESTIMONY WHEREOF, the undersigned association has caused this Certificate of Cancellation of Registration to be signed by a duly authorized general partner, member or manager thereof this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Association

---

Signature

---

Title

DSCB: 15-8586



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057**

**Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$52 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) Tax clearance certificates from the Department of Revenue and from the Bureau of Employment Security of the Department of Labor and Industry evidencing payment of all taxes and charges payable to the Commonwealth.
  - (2) Any necessary governmental approvals.
- D. It is not necessary to submit to the Department the original or an amended certificate of registration for cancellation.
- E. This form and all accompanying documents shall be mailed to the address stated above.
- F. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Certificate of Domestication-Foreign**  
(15 Pa.C.S.)

Entity Number

Limited Partnership (§ 8590)  
 Limited Liability Company (§ 8982)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Document will be returned to the name and address you enter to the left.

←

Fee: \$100

Filed in the Department of State on \_\_\_\_\_

---

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to domestication of foreign limited partnership/limited liability company), the undersigned, desiring to become a domestic limited partnership/limited liability company, hereby states that:

1. The name of the limited partnership/limited liability company is:

\_\_\_\_\_

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider				County
c/o: _____				

3. Check one of the following:

*Limited Partnership*: Upon domestication, the limited partnership will be subject to the domestic limited partnership provisions of the Pennsylvania Revised Uniform Limited Partnership Act.

*Limited Liability Company*: Upon domestication, the limited liability company will be subject to the domestic limited liability company provisions of the Pennsylvania Limited Liability Company Law of 1994.

DSCB:15-8590/8982-2

4. *Strike out if inapplicable; otherwise check and, if applicable, complete, one or more of the following:*

\_\_\_ The purpose or purposes for which the limited partnership/limited liability company to be domesticated in the Commonwealth of Pennsylvania are:

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---

\_\_\_ The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania include unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.

\_\_\_ The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania consists of unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.

5. The filing of this Certificate of Domestication and, if desired, the renunciation of the original certificate of limited partnership/organization has been authorized by a majority vote of the votes cast by all partners/members entitled to vote thereon and, if any class of partners/members is entitled to vote thereon as a class, a majority of the votes cast in each class vote, or by any greater vote required by its certificate or other organic document.

6. *Strike out if inapplicable:*  
 This Certificate of Domestication includes the additional provisions set forth in full in Exhibit A attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Domestication to be executed this

\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

Name of Limited Partnership/Limited Liability Company

---

Signature

---

Title

DSCB: 15-8590/8982



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.state.pa.us/corp.htm](http://www.dos.state.pa.us/corp.htm)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$100 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) One copy of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. This form shall be executed in the English language.
- E. There is no official publication requirement incident to the filing of this form.
- F. If the name is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- G. This form and all accompanying documents shall be mailed to the address stated above.
- H. To receive confirmation of the file date prior to receiving the microfilmed original, send either a self-addressed, stamped postcard with the filing information noted or a self-addressed, stamped envelope with a copy of the filing document.

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

---

**Application for Registration - Foreign**  
(15 Pa.C.S.)

Entity Number

Registered Limited Liability General Partnership (§ 8211)  
 Registered Limited Liability Limited Partnership (§ 8211)  
 Limited Partnership (§ 8582)  
 Limited Liability Company (§ 8981)

Name
Address
City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span>

**Document will be returned to the name and address you enter to the left.**

←

Fee: \$180

Filed in the Department of State on \_\_\_\_\_

  
  

\_\_\_\_\_

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name to be registered is:

\_\_\_\_\_

2. (If the name set forth in paragraph 1 is not available for use in this Commonwealth, complete the following):

The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

\_\_\_\_\_

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:

Jurisdiction: \_\_\_\_\_ Date of Formation: \_\_\_\_\_.

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County