

Illinois  
Uniform Limited Partnership Act  
**Application for Certificate  
of Authority**

FILE #

This space for use by Secretary of State.

**Secretary of State**

Department of Business Services  
Limited Liability Division  
501 S. Second St., Rm. 357  
Springfield, IL 62756  
217-524-8008  
www.ilsos.gov

**SUBMIT IN DUPLICATE**

Please type or print clearly.

**Filing Fee:** \$150

**Approved:**

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to Secretary of State. Please do not send cash.

1. Limited Partnership Name: \_\_\_\_\_  
(Must contain the words "Limited Partnership", "L.P.", "LP", "Limited Liability Limited Partnership" or "LLLLP")

2. Alternate Name: \_\_\_\_\_  
(The alternate name is only applicable if the name in item 1 above is not available for use in Illinois; complete form LP 108.5 to adopt an alternate name and submit with this application.)

3. Limited Partnership formed in jurisdiction of: \_\_\_\_\_ on: \_\_\_\_\_, and validly exists there as a Limited Partnership on this file date. (Attach current Certificate of Existence from jurisdiction.)

4. Address of designated office at which records required by Section 111 will be kept:

\_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City, State, ZIP

5. Registered Agent: \_\_\_\_\_  
Name

Registered Office: \_\_\_\_\_  
Street Address (P.O. Box alone is unacceptable.)

\_\_\_\_\_  
City **IL** ZIP

6. This is a Foreign Limited Liability Limited Partnership:  
 Yes  No

Form **LP 902**

7. Purpose(s) for which the Limited Partnership was organized and the purpose(s) that it proposes to conduct in the transaction of business in Illinois:

8. Names and Addresses of all General Partners. If a General Partner listed is an entity not registered or qualified in Illinois, submit original Certificate of Good Standing dated within the last 30 days. (Attach a sheet of this size if more space is needed.)

1. _____ General Partner Name	2. _____ General Partner Name
_____	_____
Street Address	Street Address
_____	_____
City, State, ZIP	City, State, ZIP
3. _____ General Partner Name	4. _____ General Partner Name
_____	_____
Street Address	Street Address
_____	_____
City, State, ZIP	City, State, ZIP

9. This application is accompanied by a recently authenticated Certificate of Existence from the state or country where the applying entity is formed.

10. The original application to transact business must be signed by at least one General Partner. The undersigned affirms, under penalties of perjury, that the facts stated herein are true, correct and complete.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (type or print)

\_\_\_\_\_  
General Partner Name  
if a corporation or other entity (must be in good standing)

**Signatures must be in black ink on an original document.  
Carbon copy, photocopy or rubber stamp signatures  
may only be used on conformed copies.**