

To form a limited partnership in California, you can fill out this form, and submit for filing along with:

- A **\$70** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form or document.

Important! LPs in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

Note: *Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.*

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

LP Name

①

Proposed LP Name

The name **must** end with: "Limited Partnership," "LP," or "L.P.," and may not contain "bank," "insurance," "trust," "trustee," "incorporated," "inc.," "corporation," or "corp." For general entity name requirements and restrictions, go to www.sos.ca.gov/business/be/name-availability.htm.

LP Addresses

②

a. _____ **CA**
Initial Street Address of Designated Office in CA City (no abbreviations) State Zip

b. _____
Initial Mailing Address of LP, if different from 2a City (no abbreviations) State Zip

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your initial agent to accept service of process in case your LP is sued. You may list any adult who lives in California. You may **not** list an LP as the agent. **Do not** list an address if the agent is a 1505 corporation.)

③

a. _____
Agent's Name

b. _____ **CA**
Agent's Street Address (if agent is **not** a corporation) City (no abbreviations) State Zip

General Partners (List the name and address of each general partner. Attach additional pages, if necessary.)

④

a. _____
General Partner's Name Address City (no abbreviations) State Zip

b. _____
General Partner's Name Address City (no abbreviations) State Zip

Read and sign below: This form must be signed by all of the general partners listed in Item 4. If a trust, association, attorney-in-fact, or any other person is signing, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this certificate. Signing this document affirms under penalty of perjury that the stated facts are true.

▶ _____
General Partner - Sign here Print your name here

▶ _____
General Partner - Sign here Print your name here

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944225
Sacramento, CA 94244-2250

Drop-Off
Secretary of State
1500 11th Street., 3rd Floor
Sacramento, CA 95814



Mail Submission Cover Sheet

Instructions:

- Complete and include this form with your submission. **This information only will be used to communicate with you in writing about the submission.** This form will be treated as correspondence and will not be made part of the filed document.
- Make all **checks or money orders** payable to the Secretary of State.
- Do not include a \$15 counter fee when submitting documents by mail.
- Standard processing time for **submissions** to this office is approximately 5 business days from receipt. All **submissions** are reviewed in the date order of receipt. For updated processing time information, visit www.sos.ca.gov/business/be/processing-times.

Optional Copy and Certification Fees:

- If applicable, include optional copy and certification fees with your submission.
- For applicable copy and certification fee information, refer to the instructions of the specific form you are submitting.

Contact Person: (Please type or print legibly)

First Name: _____ Last Name: _____

Phone (optional): _____

Entity Information: (Please type or print legibly)

Name: _____

Entity Number (if applicable): _____

Comments: _____

Return Address: For written communication from the Secretary of State related to this document, or if purchasing a copy of the filed document enter the name of a person or company and the mailing address.

Name: [_____]

Company:

Address:

City/State/Zip: [_____]

Secretary of State Use Only	
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AMT REC'D:	\$