

Instructions for Completing the Statement of Partnership Authority (Form GP-1)

Where to File: For easier completion, this form is available on the California Secretary of State's website at www.sos.ca.gov/business/be/forms.htm and can be completed online and printed to mail. The completed form can be mailed to Secretary of State, Document Filing Support Unit, P.O. Box 944225, Sacramento, CA 94244-2250 or delivered in person (drop off) to the Sacramento office. If you are not completing this form online, please type or legibly print in black or blue ink. This form is filed only in the Sacramento office.

Legal Authority: Statutory filing provisions are found in California Corporations Code section [16303](#). All statutory references are to the California Corporations Code, unless otherwise stated.

- Unless otherwise provided in the Partnership Agreement, a person who files a Statement of Partnership Authority (Form GP-1) pursuant to Section [16105](#) shall promptly send a copy of the statement to every non-filing partner and to any other person named as a partner in the statement. (Sections [16103\(b\)\(1\)](#) and [16105\(e\)](#).)
- In order for a statement to be effective for real estate transfers, a certified copy of the statement issued by the Secretary of State must be recorded in the office for recording transfers of real property. (Section [16105\(b\)](#).)

Fees: The fee for filing Form GP-1 is \$70.00. A non-refundable \$15.00 special handling fee is applicable for processing documents delivered in person (drop off) at the Sacramento office. The preclearance and/or expedited filing of a document *within a guaranteed time frame* can be requested for an additional non-refundable fee in lieu of the special handling fee. For detailed information about preclearance and expedited filing services, go to www.sos.ca.gov/business/be/service-options.htm. The special handling fee or preclearance and expedited filing services are not applicable to documents submitted by mail. Check(s) should be made payable to the Secretary of State.

Copies: Upon filing, we will return one (1) uncertified copy of your filed document for free. To get additional copies, include a separate request and payment for copy fees when the document is submitted. Copy fees are \$1.00 for the first page and \$.50 for each additional page. For certified copies, there is an additional \$5.00 certification fee, per copy.

Complete Form GP-1 as follows:

- Item 1.** Enter the name of the partnership.
- Item 2.** Enter the complete street address of the chief executive office of the general partnership. Please do not enter a P.O. Box address or abbreviate the name of the city.
- Item 3.** If any, and if different from Item 2, enter the complete street address of an office in California. Please do not enter a P.O. Box address or abbreviate the name of the city.
- Item 4.** If different from Items 2 or 3, enter the mailing address of the chief executive office. Please do not abbreviate the name of the city.
- Items 5 & 6.** The partnership must provide either of the following: (Item 5) the names and mailing addresses of all of the partners; OR (Item 6) the name and mailing address of an agent appointed and maintained by the partnership to provide the names and mailing addresses of all the partners pursuant to the provisions of Section [16303\(b\)](#). Attach additional pages, if necessary.
- Item 7.** Enter the names of all partners authorized to execute instruments transferring real property held in the name of the partnership. Attach additional pages, if necessary.
- Item 8.** Attach any other information to be included in the Statement of Partnership Authority, provided that the information is not inconsistent with law.
- Item 9.** Form GP-1 must be executed by at least two partners. (Section [16105\(c\)](#).) If additional signature space is necessary, the signatures may be made on an attachment to the document.

Any attachments to Form GP-1 are incorporated by reference. All attachments should be 8 ½" x 11", one-sided and legible.



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	
T/TR:	
AMT REC'D:	\$



State of California Secretary of State

GP-1

File # _____

Document # _____

Statement of Partnership Authority

A \$70.00 filing fee must accompany this form.

IMPORTANT – Read instructions before completing this form.

This Space For Filing Use Only

Partnership Name

1. Name of Partnership

Office Addresses (Do not abbreviate the city. Items 2 and 3 cannot be P.O. Boxes.)

2. Street Address of Chief Executive Office City State Zip Code

3. Street Address of California Office, if any City State Zip Code

CA

4. Mailing Address of Chief Executive Office, if different from Items 2 or 3 City State Zip Code

Names & Addresses of Partners (Complete Item 5 with the names and mailing addresses of all the partners (attach additional pages if necessary) OR leave Item 5 blank and proceed to Item 6. Any attachments to this document are incorporated herein by this reference.)

5. Name Address City State Zip Code

Name Address City State Zip Code

Name Address City State Zip Code

Appointed Agent (If Item 5 was not completed, complete Item 6 with the name and mailing address of an agent appointed and maintained by the partnership who will maintain a list of the names and mailing addresses of all the partners. If Item 5 was completed, leave Item 6 blank and proceed to Item 7.)

6. Name Address City State Zip Code

Authorized Partners (Enter the name(s) of all the partners authorized to execute instruments transferring real property held in the name of the partnership. Attach additional pages if necessary. Any attachments to this document are incorporated herein by this reference.)

7. Partner Name: Partner Name:

Partner Name: Partner Name

Partner Name: Partner Name

Additional Information

8. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this document.

Execution (This form must be signed by at least two partners. If additional signature space is necessary, the dated signature(s) with verification(s) may be made on an attachment to this document. Any attachments to this document are incorporated herein by this reference.)

9. I certify under penalty of perjury that the contents of this document are true.

Signature of partner

Type or Print Name of partner

Signature of partner

Type or Print Name of partner