

Filing Fee \$175.00

**DOMESTIC
LIMITED PARTNERSHIP**

STATE OF MAINE

**CERTIFICATE OF
LIMITED PARTNERSHIP**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to [31 MRSA §1321](#), the undersigned executes and delivers the following Certificate of Limited Partnership:

FIRST: The name of the limited partnership is:

(The name must contain one of the following: "Limited Partnership", "L.P." or "LP"; see [31 MRSA §1308.1.A.2.](#))

SECOND: The street and mailing address of the limited partnership's designated office shall be:

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

☐ Commercial Registered Agent CRA Public Number: _____

(name of commercial registered agent)

☐ Noncommercial Registered Agent

(name of noncommercial registered agent)

(physical location, not P.O. Box – street, city, state and zip code)

(mailing address if different from above)

FOURTH: Pursuant to [5 MRSA §105.2](#), the registered agent as listed above has consented to serve as the registered agent for this limited partnership.

FIFTH: The name, street and mailing address of each general partner is:

Name	Address
_____	_____
_____	_____
_____	_____

☐ Names and addresses of additional general partners are attached as Exhibit _____, and made a part hereof.

SIXTH: Check only if applicable

☐ The limited partnership is a limited liability limited partnership.

(If checked, the name in Item First must contain one of the following: "Limited Liability Limited Partnership", "L.L.L.P." or "LLLP" and cannot contain the abbreviation of "L.P" or "LP"; see [31 MRSA §1308.1.A.3](#))

SEVENTH: Check only if applicable

☐ This is a professional limited liability limited partnership* formed pursuant to [31 MRSA §1354.4](#) to provide the following professional services: (see [13 MRSA, chapter 22-A](#) for information on what constitutes professional services)

(type of professional services)

EIGHTH: Other provisions of this certificate, if any, that the partners determine to include OR any additional information as required by [31 MRSA subchapter 11](#) are set forth in the attached Exhibit _____ and made a part hereof.

Dated _____

General Partner(s) **

_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)
_____	_____
(signature)	(type or print name)

For General Partner(s) which are Entities**

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

Name of Entity _____

By _____
(authorized signature) (type or print name and capacity)

*In addition to the requirements in Item Sixth, the name must contain one of the following: “chartered”, “professional association” or “service” or the abbreviation “P.A.”. In lieu of requirements in Item Sixth, the name must contain one of the following: “professional limited liability limited partnership” or abbreviation “PLLLP” or P.L.L.L.P.,” or “S.L.L.L.P”. **Examples** of professional services are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

Certificate **MUST be signed by all of the **general partners** listed in Item Fifth.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State
Division of Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov

Customer Contact Cover Letter

Name of entity(s) on the submitted filings:

Optional special handling request(s): (check only if applicable)

- ☐ Hold attested copy for pick up (will be required to pick up at our office in Augusta, Maine)
- ☐ 24-hour expedited filing (next business day) service: **\$50** additional filing fee per entity
- ☐ Immediate expedited filing (same business day): **\$100** additional filing fee per entity

NOTE: Only one expedite fee is required if filing multiple documents for the same entity/chapter number at the same time.

Payment can be made by check or money order (payable to Maine Secretary of State) or by credit card. You may obtain a credit card voucher at <https://www.maine.gov/sos/cec/forms/credit.pdf>.

Total fee(s) enclosed: \$ _____

(Name of contact person)

(Daytime telephone number)

(Contact email address for this filing)

(Email address to use for annual report reminders)

Name and address of person **to return the attested copy** of the completed filing:

(Name of attested copy recipient)

(Firm or Company)

(Mailing Address)

(City, State & Zip)

NOTE: Failure to provide a contact name and telephone number or email address will result in any erroneous filing(s) being returned to the filer by the Secretary of State's office.

For questions regarding the above filing(s), please call or email our office at (207) 624-7752 or cec.corporations@maine.gov

Submit filings to:

Mailing Address if using US Postal Service

Department of the Secretary of State
Corporations, UCC and Commissions
101 State House Station
Augusta, ME 04333-0101

Mailing Address if using FedEx/UPS

Department of the Secretary of State
Corporations, UCC and Commissions
6 E. Chestnut Street, 5th Floor
Augusta, ME 04330