

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 §108.3](#), the new commercial 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 "LP" 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