



State of North Carolina  
Department of the Secretary of State

**CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP  
INCLUDING OPTIONAL APPLICATION AS A REGISTERED LIMITED  
LIABILITY LIMITED PARTNERSHIP**

Pursuant to §59-201 of the General Statutes of North Carolina, the undersigned hereby submits this Certificate of Domestic Limited Partnership.

1. The name of the limited partnership is: \_\_\_\_\_ .  
(The name must contain the words "Limited Partnership," or the abbreviation "L.P." or "LP," or the combination "Ltd. Partnership". If the limited partnership is a limited liability limited partnership, as indicated in Item 11, below, the name must contain the words "Registered Limited Liability Limited Partnership," "Limited Liability Limited Partnership," or the abbreviation "L.L.L.P.," "R.L.L.L.P.," "LLLLP," or "RLLLLP".)
  
2. If formed prior to October 1, 1986, complete this section:  
County of Filing: \_\_\_\_\_ County File Number: \_\_\_\_\_  
Date of Filing: \_\_\_\_\_
  
3. Name of Registered Agent: \_\_\_\_\_.
  
4. Address of Registered Agent's Office:  
Number and Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
  
5. Address and telephone number of office where records are kept, if not kept at registered office:  
Office Telephone Number: \_\_\_\_\_  
Number and Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
  
6. Latest date upon which the limited partnership is to dissolve. (If no date is specified, there shall be no limit on the limited partnership's duration.) \_\_\_\_\_ .
  
7. State the name, and address, including county and city or town, and street and number, if any, of each general partner. (Attach additional sheets if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. This registration will be effective upon filing, unless a future date and/or time is specified: \_\_\_\_\_.

9. The following and attached signatures of EACH general partner constitute an affirmation under the penalty of perjury that the facts herein are true. (Attach additional sheets if necessary.)

**(a) If the general partner is an individual, complete this section:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed or Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed or Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typed or Printed Name: \_\_\_\_\_

**(b) If the general partner is a corporation or other entity, complete this section.**

Name of corporation or other entity \_\_\_\_\_  
Signature of officer \_\_\_\_\_  
Name and Title of officer \_\_\_\_\_  
Date \_\_\_\_\_

Name of corporation or other entity \_\_\_\_\_  
Signature of officer \_\_\_\_\_  
Name and Title of officer \_\_\_\_\_  
Date \_\_\_\_\_

10. (Optional): Please provide a business e-mail address: \_\_\_\_\_.  
The Secretary of State's Office will e-mail the business automatically at the address provided at no charge when a document is filed. The e-mail provided will not be viewable on the website. For more information on why this service is being offered, please see the instructions for this document.

11. (Optional): *Complete this section ONLY if the limited partnership is to be a limited liability limited partnership at the time of its formation.*

(Check here and complete the following information. The limited partnership is a limited liability limited partnership. (Complete the following information.)

The street address of the principal office of the limited liability limited partnership is:

• **Principal Office Street Address**

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

• **The principal office telephone number:** \_\_\_\_\_

• **Principal Office mailing address** (if different from the street address of the principal office above) is:

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

• **The fiscal year end of the limited liability limited partnership is:** \_\_\_\_\_

NOTES: Filing fee is \$50.00 if #11 Option is not selected. If #11 Option is selected the fee is \$125.00.

This document must be filed with the Secretary of State.

**Instructions for Completing Certificate of Domestic Limited Partnership**  
*(Form LP-01)*

1. Enter the name of the limited partnership. Unless the limited partnership is to be a limited liability limited partnership, the name must contain the words "Limited Partnership," or the abbreviation "L.P." or "LP," or the combination "Ltd. Partnership". [G.S. § 55D-20.] If the limited partnership is to be a limited liability limited partnership, the name must contain the words "Registered Limited Liability Limited Partnership," "Limited Liability Limited Partnership," or the abbreviation "L.L.L.P.," "R.L.L.L.P.," "LLLP," or "RLLLP". [G.S. § 55D-20.]
2. Complete this section if the domestic limited partnership was formed prior to October 1, 1986.
3. Enter the name of the registered agent. The registered agent may be an individual who resides in this State and whose business office is identical with the registered office; a domestic corporation, nonprofit corporation, or limited liability company whose business office is identical with the registered office; or a foreign corporation, foreign nonprofit corporation, or foreign limited liability company authorized to transact business or conduct affairs in this State. If the registered agent is an individual, enter the first name, middle initial, and last name. If the registered agent is a domestic or foreign corporation, nonprofit corporation or limited liability company, enter the entity's name. [G.S. §§ 55D-30 and 59-201.]
4. Enter the street address of the registered office. Do not use a post office box number. Do not abbreviate the street, city, or county. Indicate the zip code. [G.S. §59-201(a)].
5. Enter the street address and the telephone number. This section need not be completed if the records pursuant to N.C. Gen. Statute §59-106(a) are kept at the registered office. Again, do not use a post office number. Do not abbreviate the street, city, or county. Indicate the zip code. [G.S. §59-201 (a) (5)].
6. (Optional): If there is a date already determined when the partnership will dissolve, enter that date. If not, leave blank.
7. For each general partner enter the name (first, middle initial, last) and address (street and number, city, zip code and county. [G.S. §59-201(a) (4)].
8. The document will be effective on the date and at the time of filing, unless a delayed date or an effective time (on the day of filing) is specified. If a delayed effective date is specified without a time, the document will be effective at 11:59:59 p.m. on the day specified. If a delayed effective date is specified with a time, the document will be effective on the day and time so specified. A delayed effective date may be specified up to and including the 90<sup>th</sup> day after the day of filing.
9. Each general partner must sign the original certificate of limited partnership. Any person may sign a certificate as an attorney-in-fact [G.S. §59-204]. Attach additional pages as needed.
10. (Optional): The Department offers a free voluntary notification system for which you may choose to participate. If you would like to receive this free service, please provide a business e-mail address in the space provided. Your participation will not result in your e-mail address being viewable on our website. Participation will help us to prevent identity theft in the event an unauthorized person submits a fraudulent document for filing in the name of the business entity.
11. Optional LLLP Application: If the limited partnership is to be a limited liability limited partnership partnership at its formation, then instead of separately filing the application for registration as a limited liability limited partnership, the application for registration shall be included as part of the certificate of limited partnership. [G.S. §§ 59-201(e) and 59-210.]