



**Division of Corporations,  
State Records and  
Uniform Commercial Code**

New York State  
**Department of State**  
**DIVISION OF CORPORATIONS,  
STATE RECORDS AND  
UNIFORM COMMERCIAL CODE**  
One Commerce Plaza  
99 Washington Ave.  
Albany, NY 12231-0001  
<https://dos.ny.gov>

## DOCUMENT AND CERTIFICATE COVER SHEET

### Contact Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Request for Filing of Document

Exact Name of Entity: \_\_\_\_\_  
\_\_\_\_\_

Document Type: \_\_\_\_\_  
(i.e., Certificate of Incorporation, Articles of Organization, Certificate of Amendment, etc.):

### Request for Copies or Certificates of Status (Check the appropriate box)

Exact Name of Entity: \_\_\_\_\_

☐ Certified Copies of all Documents on File (\$10 per document)

☐ Plain Copies of all Documents on File (\$5 per document)

☐ Certified Copy of \_\_\_\_\_ (\$10 per document)  
(specify document)

☐ Plain Copy of \_\_\_\_\_ (\$5 per document)  
(specify document)

☐ Certificate of Status - Long Form (\$25 per document)

☐ Certificate of Status - Short Form (\$25 per document)

### Method of Delivery of Filing Receipt or Other Document

All documents will be returned to the email address listed above with the exception of certified and uncertified copies filed before July 1990.



# CERTIFICATE OF LIMITED PARTNERSHIP OF

*(Insert Name of Domestic Limited Partnership)*

Under Section 121-201 of the Revised Limited Partnership Act

**FIRST:** The name of the limited partnership is:

**SECOND:** The county within this state in which the office of the limited partnership is to be located is:

**THIRD:** The Secretary of State is designated as agent of the limited partnership upon whom process against the limited partnership may be served.

The post office address to which the Secretary of State shall mail a copy of any process against the limited partnership served upon the Secretary of State by personal delivery is:

(Optional) The email address to which the Secretary of State shall email a notice of the fact that process against the limited partnership has been served electronically upon the Secretary of State is:

**FOURTH:** The name and business or residence street address of each general partner is:

**FIFTH:** The latest date on which the limited partnership is to dissolve is:

**X**

*(Signature of General Partner)*

*(Type or Print Name)*

# CERTIFICATE OF LIMITED PARTNERSHIP OF

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*(Insert Name of Domestic Limited Partnership)*

Under Section 121-201 of the Revised Limited Partnership Act

Filer's Name and Mailing Address:

\_\_\_\_\_  
*Name:*

\_\_\_\_\_  
*Company, if Applicable:*

\_\_\_\_\_  
*Mailing Address:*

\_\_\_\_\_  
*City, State and Zip Code:*

**NOTES:**

1. This form was prepared by the New York State Department of State for filing a certificate of limited partnership for a domestic limited partnership. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores.
2. The Department of State recommends that legal documents be prepared under the guidance of an attorney.
3. The certificate must be signed by all general partners if there are more than one.
4. This certificate must be accompanied by a fee of **\$200** made payable to the Department of State. Preferred payment methods include money order, Visa or Mastercard.

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*(For office use only)*