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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place - Room 1717, Boston, Massachusetts 02108-1512

**Foreign Limited Partnership
Application for Registration
(General Laws Chapter 109, Section 49)**

(1) The exact name of the limited partnership:

(2) If different, the name under which it proposes to do business in the Commonwealth:

(3) The jurisdiction where the partnership was organized:

(4) The date of organization: _____

(5) The general character of the business in the Commonwealth:

(6) The business address of its principal office:

(7) The names, business addresses and residence address of its general partners:

NAME

ADDRESS

(8) The business address of its principal office in the Commonwealth, if any:

(9) The name and street address of its resident agent in the Commonwealth:

NAME

ADDRESS

(10) The address of the office at which it keeps a list of the names and addresses of the limited partners and their capital contributions. The limited partnership agrees to keep those records until its registration in the Commonwealth is cancelled.

Signed (*by at least one general partner*): _____

Consent of resident agent:

I _____
resident agent of the above limited partnership, consent to my appointment as resident agent pursuant to 6h c109 Section 52*

**or attach registered agents consent hereto.*

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

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I hereby certify that upon examination of this application for registration, duly submitted to me, it appears that the provisions of the General Laws have been complied with, and I hereby approve said application; and the filing fee in the amount of \$ _____ having been paid, said application is deemed to have been filed with me this

_____ day of _____, 20 _____, at _____ a.m./p.m.
time

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee: \$200

TO BE FILLED IN BY LIMITED PARTNERSHIP
Contact Information:

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.