



Wyoming Secretary of State

State Capitol Building, Room 110
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For Office Use Only

**Foreign Limited Partnership
Application for Certificate of Registration**

Pursuant to the provisions of the Wyoming Uniform Limited Partnership Act (W.S. §17-14-201 through §17-14-104), the undersigned limited partnership applies for a Certificate of Registration to transact business in the state of Wyoming, and for that purpose submits the following statement:

1. Name of the limited partnership as organized:

2. Name it proposes to register and transact business in Wyoming:

(W.S. §17-14-1004 requires that the name of a foreign limited partnership must include without abbreviation the words "limited partnership." This article may be used to meet this requirement. You may include the designation in the name for a limited liability limited partnership (LLLP) if you choose.)

3. Please check this box if you elect to be a limited liability limited partnership (LLLP).

4. It is formed under the laws of the state of:

(State or country of organization)

5. Date of formation:

(mm/dd/yyyy)

6. Period of duration:

(This is referring to the length of time the limited partnership intends to exist and not the length of time it has been in existence. The most common term used is "perpetual." You may refer to your Certificate of Limited Partnership or contact the Corporations Division in your state of organization for your period of duration.)

7. Mailing address of the limited partnership:

8. Principal office address:

9. Name and physical address of its registered agent:

*(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. **The registered agent must have a physical address in Wyoming.** A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)*

10. Address of the office required to be maintained in the state of its organization by the laws of the state, or if not so required, of the principal office of the foreign limited partnership:

11. Name and business address of each general partner:

12. Address of the office at which is kept a list of the names and addresses of the limited partners and their capital contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is canceled or withdrawn:

General Partner Signature: _____

Date:
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

Checklist

Filing Fee: \$100.00 Make check or money order payable to Wyoming Secretary of State.

The completed application must be accompanied by an **original certificate of existence/good standing**, dated not more than sixty (60) days prior to filing in Wyoming, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of formation.

The Application must be accompanied by a written consent to appointment executed by the registered agent.

For consistency the Secretary of State's Office will only keep one version of the agent's name on file.

Please submit one **originally signed** document and one exact photocopy of the filing.

Please review form prior to submitting to the Secretary of State to ensure all areas have been completed to avoid a delay in the processing of your documents

Other Requirements:

An annual report will be due annually on the first day of the anniversary month of formation. If not paid within sixty (60) days from the due date, the entity will be subject to dissolution/revocation.



Consent to Appointment by Registered Agent

I, _____, registered office located at _____
(name of registered agent)

voluntarily consent to serve

* *(registered office physical address, city, state & zip)*

as the registered agent for _____
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
 (if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____ **Date:** _____
(Shall be executed by the registered agent.) *(mm/dd/yyyy)*

Checklist

Submit one **originally signed** consent to appointment and one exact photocopy.