

# Limited Partnership Instructions



Wyoming Secretary of State ♦ 200 West 24<sup>th</sup> St ♦ Cheyenne, WY 82002 ♦ 307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

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- One **originally signed** filing must be submitted.
- Include the filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- The name must end with the words "Limited Partnership" without abbreviation. If you elect to be a Limited Liability Limited Partnership the name must include either "Limited Partnership", "Limited Liability Limited Partnership", "L.L.L.P.", or "LLLP". Please refer to the Wyoming Statutes or "The Choice is Yours" at <http://soswy.state.wy.us/Forms/Publications/ChoiceIsYours.pdf> to determine which status to elect.
- The Certificate of Limited Partnership form must be accompanied by an originally signed Consent to Appointment by Registered Agent form.
- Please provide us with an e-mail address so we may provide you with an electronic certificate for evidence of your filing and a courtesy reminder when your annual report is due.
- Please review forms prior to submitting to the Secretary of State to ensure all areas have been completed and speed up the processing of your documents.*



You're Ready to Mail in Your Documents!

## Additional Information After Filing

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- ◆ Wyoming processes documents in 3-5 business days. Since there is such a timely turnaround Wyoming Statutes do not provide for expedited service. Please refer to W.S. 17-16-123 for effective time and date information.
- ◆ An annual report will be due every year 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. For more information please refer to <http://soswy.state.wy.us/Forms/FormsFiling.aspx> where the annual report worksheet can be found under Business Forms.
- ◆ If you have questions about sales and use tax you can contact the Department of Revenue Ph. 307.777.5200 or refer to their web page: <https://revenue.state.wy.us/>
- ◆ If you believe you need a specific business license or permit you can contact the Wyoming Business Council Ph. 307.777.2843 or refer to their web page: <http://www.wyomingbusiness.org/program/business-permitting/2833>
- ◆ If you need information regarding how to obtain an Employer Identification Number (EIN) you can contact the Internal Revenue Service or refer to their web page: <http://www.irs.gov/businesses/small/article/0,,id=97860,00.html>



**Wyoming Secretary of State**

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Email: [Business@wyo.gov](mailto:Business@wyo.gov)

For Office Use Only

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**Limited Partnership  
Certificate of Limited Partnership**

1. Name of the limited partnership:

*(The name must contain the words "Limited Partnership" without abbreviation. You may include the designation in the name for a Limited Liability Limited Partnership (LLLP) if you choose.)*

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

3. 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.)*

4. Mailing address of the limited partnership:

5. Principal office address:

6. Name and business address of each general partner:

7. The amount of cash and a description and statement of the agreed value of the other property or services contributed or to be contributed in the future:

8. The latest date upon which the limited partnership is to dissolve:  
(mm/dd/yyyy)

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:



## 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.