

Limited Partnership Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

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

Before Filing Please Note

- One **originally signed** Certificate of Limited Partnership and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- The name must include the words “Limited Partnership” without abbreviation. If you elect to be a Limited Liability Limited Partnership (LLLP) you may include the designation in the name; “Limited Partnership LLLP” or “Limited Liability Limited Partnership”. 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.
- Filing fee of \$100.00**. Make check or money order payable to Wyoming Secretary of State.
- Please provide at least one e-mail address in the Certificate of Registration. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- Annual reports are due every year** on the first day of the anniversary month of formation. If not paid within 60 days of the due date the entity will be subject to dissolution.



You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 business days** following the date of receipt in our office.
- ♦ Wyoming statutes do not allow for expedited filing at this time. Your filing will be processed in the order it is received.
- ♦ You can visit our website at <http://wyobiz.wy.gov> to see what day is currently being processed.

Additional Contact Information

- ♦ **Department of Revenue** (Sales and Use Tax Information)
 - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
 - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **Department of Workforce Services** (Workers' Compensation or Unemployment Insurance)
 - Ph. 307.777.8650 OR <http://www.wyomingworkforce.org/>
- ♦ **Internal Revenue Service** (Tax ID Information)
 - <https://www.irs.gov/Filing>



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Fax 307.777.5339
Email: Business@wyo.gov

For Office Use Only

**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 or a domestic or foreign business entity authorized to transact business in Wyoming. **The registered agent must have a physical address in Wyoming.** If the registered office includes a suite number, it must be included in the registered office address. A Drop Box is not acceptable. A PO Box is acceptable if listed **in addition to a physical address.**)*

Name:

Address:

*(If mail is received at a Post Office Box, please list above **in addition to the physical address.**)*

4. Mailing address of the limited partnership:

5. Principal office address:

6. Name and business address of each general partner:

Name:

Address:

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:

*(Email provided will receive annual report reminders and filing evidence)
May list multiple email addresses



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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: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Print Name: _____ Daytime Phone: _____

Title: _____ Email: _____

Registered Agent Mailing Address
(if different than above):

***If this is a current registered agent changing their registered address on file, 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: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)