

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ASSUMED NAME CERTIFICATE  
OF  
LIMITED PARTNERSHIP

**PLEASE TYPE OR PRINT CLEARLY IN BLACK INK**

**FILING FEE \$10.00**

Pursuant to Section 33-42-45 of the 1976 S.C. Code of Laws, as amended, the undersigned limited partnership submits the following:

1. Name of Limited Partnership:

2. Assumed name for transaction of business:

3. Date filed in South Carolina: \_\_\_\_\_.

4. Date of Organization: \_\_\_\_\_. State of Organization: \_\_\_\_\_.

5. Address of Registered Office in this state:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

6. Name of Registered Agent:

\_\_\_\_\_  
(Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Name of General Partner)

\_\_\_\_\_  
(Signature of General Partner)

### **FILING INSTRUCTIONS**

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed. Include a self-addressed stamped envelope to have a filed copy returned to you by mail. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
2. Filing Fee (payable to the Secretary of State at the time of filing this application) - \$10.00

Return to: Secretary of State  
Attn: Corporate Filings  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201