

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**APPLICATION FOR REGISTRATION
OF
FOREIGN LIMITED PARTNERSHIP**

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-42-1620 of the 1976 South Carolina Code , as amended, the undersigned foreign limited partnership submits the following:

1. Name of Limited Partnership _____
2. Name under which business will be transacted _____
3. Date of Organization _____ State of Organization _____

4. Name and Address of Registered Agent in South Carolina:

Agent's Name

Street Address

City State Zip Code

I hereby consent to the appointment of Registered Agent.

Agent's Signature

5. The Secretary of State is appointed the agent of the foreign Limited Partnership if no agent has been appointed or, if appointed the agent's authority have been revoked or if the agent cannot be located.
6. Home office address or principal office in state of jurisdiction:

Street Address

City State Zip Code

7. Names and addresses of General Partners:

(a) _____
Name

Mailing Address City

State Zip Code

Name of Limited Partnership

(b) _____
Name

_____ Mailing Address _____ City

_____ State _____ Zip Code

(c) _____
Name

_____ Mailing Address _____ City

_____ State _____ Zip Code

(Add additional lines if necessary)

8. Address of office where a list of names and addresses of the Limited Partners and their capital contributions is kept:

_____ Street Address

_____ City _____ State _____ Zip Code

9. The undersigned foreign limited partnership affirms that a list of names and addresses of the limited partners along with their capital contributions will be kept at the address listed in # 8 until the foreign limited partnership's registration in South Carolina is cancelled or withdrawn.

Date _____

_____ Name of Partnership

_____ Signature of General Partner

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or a conformed copy.
2. An original certificate of existence not more than 30 days old from the domestic state.
3. Filing Fee (payable to the Secretary of State at the time of filing this application) - \$10.00

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

NOTE

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