

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ASSUMED NAME CERTIFICATE
OF
LIMITED PARTNERSHIP**

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-42-45 of the 1976 South Carolina Code, 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 _____

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, must be filed.
2. 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