

Instructions: Form SS-4470

Certificate of Limited Partnership Domestic



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee

Submission Options

A Certificate of Limited Partnership (Domestic) may be filed using one of the following methods:

Paper submission: A blank Certificate of Limited Partnership may be obtained by going to sos.tn.gov and entering SS-4470 in the search bar; by emailing the Secretary of State at TNSOS.CORPINFO@tn.gov, or by calling (615)741-2286. The Certificate of Limited Partnership should be typed or hand printed in dark blue or black ink.

Walk-in: A blank Certificate of Limited Partnership may be obtained in person at the Secretary of State's Office at the address listed below.

If submitting by mail, send the completed form and filing fee together in the same envelope. Mail to:

Tennessee Secretary of State
ATTN: Corporate Filing
312 Rosa L. Parks Ave FL 6
Nashville TN 37243

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Completing the Form

Certificate of Limited Partnership provisions are set forth in the Tennessee Uniform Limited Partnership Act of 2017, T.C.A. § 61-3-201.

1. Limited Partnership Name: Enter the name of the limited partnership. Pursuant to the Tennessee Uniform Limited Partnership Act of 2017, T.C.A. § 61-3-112 a limited partnership that is not a limited liability limited partnership must contain the phrase "limited partnership" or the abbreviation "L.P." or "LP". The name of a limited liability limited partnership must contain the phrase "limited liability limited partnership" or the abbreviation "LLLP" or "L.L.L.P." and must not contain the abbreviation "LP" or "L.P."

- 2a. Principal Office Street Address:** Enter the complete street address, city, state and zip code of the principal office. The address will be verified and formatted to United States Postal Service address deliverability guidelines. If the address cannot be recognized as deliverable by United States Postal Service, the form will be rejected by the Division of Business Services. A post office box is not acceptable for the principal office address. Please provide a business email address. All reminders and notifications will be sent via email.
- 2b. Mailing Address:** Enter the mailing address with city, state and zip code if different from the principal office address. The address will be verified and formatted to United States Postal Service address deliverability guidelines. If the address cannot be recognized as deliverable by United States Postal Service, the form will be rejected by the Division of Business Services. A post office box is acceptable for the mailing address.
- 3. Registered Agent Name and Address:** Enter the full name, the county and the complete street address (in Tennessee) of the Registered Agent's Registered Office. The Registered Agent must have a Tennessee street address. A post office box is not acceptable for the Registered Agent's Registered Office address.
- 4. Additional Designation:** Enter the additional designation the limited partnership has, if applicable. Examples of additional designations are: Insurance Company, Captive Insurance Company, Protected Cell Captive Insurance Company, Trust Company or Litigation Financier. Including one of these designations may require additional filing documents. Please consult with your legal counsel if you have questions.
- 5. Effective Date:** If the effective date is not to be effective upon the filing of the Secretary of State's Office, enter the delayed date (month/day/year) and time. A delayed effective date may not be later than ninety (90) calendar days from the day this Certificate of Limited Partnership is filed by the Secretary of State.
- 6. Additional Information:** Enter any additional information that the partners determine is necessary for this certificate of limited partnership.

Signatures

The initial Certificate of Limited Partnership must be signed by each General Partner. Each General Partner must provide a street address. If the United States Postal Service does not deliver mail to the street address, a mailing address such as a post office box must be included.

If additional space is necessary, please attach additional page(s), check the checkbox and enter the number of page(s) incorporated into the Certificate.

Filing Fee

The filing fee is \$100.00 per Certificate of Limited Partnership - Domestic.

Make check, cashier's check or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Forms submitted without the proper filing fee or made payable to an entity other than the Tennessee Secretary of State will be rejected.



CERTIFICATE OF LIMITED PARTNERSHIP- DOMESTIC

SS-4470



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
ATTN: Corporate Filing
312 Rosa L. Parks Ave, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

Pursuant to the provisions of the Tennessee Uniform Limited Partnership Act of 2017, T.C.A. § 61-3-201, the undersigned general partner(s) hereby execute(s) a Certificate of Limited Partnership.

1a . Limited Partnership Name: _____

1b. The Limited Partnership is a Limited Liability Limited Partnership. (Check if applicable)

2a. Principal Office Street Address:

Address: _____
City: _____ ST: _____ Zip: _____
Business Email: _____

2b. Mailing address:

Address: _____
City: _____ ST: _____ Zip: _____

3. Registered Agent Name and Address in Tennessee:

Name: _____ County: _____
Address: _____
City: _____ ST: TN Zip: _____

4. If applicable, the Limited Partnership has the additional designation of: _____

5. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

_____ (date: mm/dd/yy) , _____ (time)

(Note: A delayed effective date may not be later than the 90th day after the date this document is filed by the Secretary of State.)

6. Any additional information determined necessary by the undersigned general partner(s):

Do not submit the partnership agreement with this filing.



CERTIFICATE OF LIMITED PARTNERSHIP- DOMESTIC

SS-4470



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
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312 Rosa L. Parks Ave, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$100.00

For Office Use Only

The name, street address, mailing address, and signature of each general partner:

Signature Printed Name Date

Street Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address: _____

Signature Printed Name Date

Street Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address: _____

Signature Printed Name Date

Street Address: _____

City: _____ ST: _____ Zip: _____

Mailing Address: _____

Additional general partner(s) is/are listed on the attached _____ (# of) page(s) which is/are fully incorporated herein by reference. (Check and complete if applicable)

Submitter Name: _____ Phone #: (_____) _____ - _____