

Limited Partnership Instructions



Wyoming Secretary of State

Herschler Building East, Suite 101 ♦ 122 W 25th Street ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ Business@wyo.gov

Before Filing Please Note

- Reference the checklist at the bottom of the Articles for a detailed list of the required attachments.
- 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”.
- Under the circumstances specified in W.S. 17-28-104(e), **an email address is required.**
- Filing fee of \$100.00.** Make check or money order payable to Wyoming Secretary of State.
- 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.
- Please review the form prior to submission. **The Secretary of State’s Office is unable to process incomplete forms.**



You’re Ready to Mail in Your Documents!

- ♦ **Processing time is up to 15 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.wyo.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/>
- ♦ **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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For Office Use Only

Foreign Limited Partnership Articles of Continuance

Pursuant to W.S. 17-14-1011 of the Wyoming Limited Partnership Act, the undersigned hereby submits the following Articles of Continuance:

1. Name of the limited partnership:

2. Name it proposes to register and transact business in Wyoming:

(W.S. §17-14-203 requires that the name of a limited partnership must include without abbreviation the words "limited partnership." This article may be used to meet this requirement. You may include the designation in the name for a limited liability limited partnership (LLLP) if you choose.)

3. Please check this box if you elect to be a limited liability limited partnership (LLLP).

4. Organized under the laws of:

(State or country)

5. Date of organization:

(Date – mm/dd/yyyy)

6. Duration from the date of formation to present:

7. The latest date upon which the limited partnership will dissolve:

(Limited partnerships may not list a perpetual period of duration.)

8. Mailing address:

9. Principal office address:

10. The limited partnership will abide by the constitution and laws of Wyoming.

11. 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.**)*

12. 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:

13. Name and business address of each general partner:

Name:

Address:

14. Certification. *(Please check the box to complete the required certification.)*

I consent on behalf of the business entity to accept electronic service of process at the required email address provided on the form under the circumstances specified in W.S. 17-28-104(e).

General Partner Signature: _____

Date:

Print Name:

(mm/dd/yyyy)

General Partner Signature: _____

Date:

Print Name:

(mm/dd/yyyy)

General Partner Signature: _____

Date:

Print Name:

(mm/dd/yyyy)

Contact Person:

Email:

Daytime Phone Number:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

REQUIRED ATTACHMENTS TO INCLUDE WITH THE FILING:

A copy of the **unfiled Articles of Dissolution** you will submit to your foreign jurisdiction after the continuance has been processed in Wyoming.

A **certified copy of its original articles of organization and all amendments** currently certified within the last six (6) months by the proper officer of the state or country of formation.

A copy of the company resolution authorizing continuance of the Limited Partnership into Wyoming.

Note: Once the dissolution has been filed in the former domestic state, an official of the foreign jurisdiction must **provide evidence the entity was dissolved** after it continued to Wyoming.



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:

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Registered Agent Mailing Address
(if different than above):

IMPORTANT: If you are an existing registered agent and your existing address on record does not match what is provided on this form, a **Registered Agent Information Update** form is also required.