



Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *Corporations.Alaska.Gov*

Certificate of Limited Partnership

Domestic Limited Partnership (AS 32.11 and AS 32.06)

- This Certificate of Limited Partnership is only for a Domestic (Alaskan) Limited Partnership.
- Submit this filing hardcopy via fax or U.S. Mail, along with its payment.
 - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10 – 15 business days. During heavy filing seasons, October – February, the processing time will be delayed. Filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

1. Important:

A Limited Partnership has a duration of five years.

- Per AS 32.11.890 if it is not provided for in this chapter (AS 32.11) then the provisions of AS 32.06 govern, except as provided by AS 10.55.
- AS 32.06.303(g)...partnership authority is canceled (dissolved and ceases to exist) five years after the date this form is filed for record or the most recent amendment is filed for record.

2. Fee:

\$150 Nonrefundable Filing Fee (CORF)

3 AAC 16.075(a)

Mail this form and the non-refundable \$150 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Legal Name:

AS 32.11.010(a)(1) and AS 32.11.810

The legal name of the Limited Partnership must (mandatory) include the words "Limited Partnership" without abbreviations. The name of the Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.

Name: _____

4. Duration: Five (5) Years

AS 32.11.890 and AS 32.06.303(g)

IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership is canceled (dissolved and ceases to exist) **FIVE YEARS** after the date this form is filed for record or the most recent amendment for this entity filed for record.

The Duration Date will automatically be for five years after the date this form is filed for record.

— or —

I am selecting a duration period of **less than five (5) years**.

Duration Date: | |

 mm dd yyyy

5. Purpose:

AS 10.06.950

The stated purpose of the limited partnership per the partnership agreement is:

6. NAICS Code:

AS 10.06.950

Provide the 6-digit Alaska NAICS Code that most closely aligns with the stated purpose and activities of the Limited Partnership per the partnership agreement.

For more information about NAICS Codes, go to: www.Corporations.Alaska.Gov

Alaska NAICS Code:

— — — — —

7. Registered Agent:

AS 32.11.010(a)(2) and AS 32.11.830(a)(2)

Registered agent name, physical and mailing address must (mandatory) be in Alaska.

The registered agent must (mandatory) be an individual resident of Alaska or a corporation authorized to do business in Alaska. It cannot be a non-corporation, LLC, LLP, LP, etc.

For more information about registered agents go to www.Corporations.Alaska.Gov

Complete Name:

Physical Address:

Mailing Address:

The Registered Agent is **NOT** a Corporation.

The Registered Agent **IS** a Corporation and its Entity Number is: -----

8. Principle Office: (wherever)		AS 32.11.890 and AS 32.06.303(a)(1)(B)
Physical Address:		
Mailing Address:		

9. Office in Alaska: (if any)		AS 32.11.890 and AS 32.06.303(a)(1)(B)
Physical Address:		
Mailing Address:		

10. General Partners:		AS 32.11.010(a)(3)
<p>The names and mailing addresses of <u>each</u> General Partner. Attach additional sheets as necessary.</p> <p>NOTE: Per AS 32.11.040, General Partners have the authority to execute filings with this office on behalf of the entity.</p>		
Full Legal Name:		
Mailing Address:		
Full Legal Name:		
Mailing Address:		
Full Legal Name:		
Mailing Address:		

11. Limited Partners:		AS 32.11.030
<p>The names and mailing addresses of <u>each</u> Limited Partner. Attach additional sheets as necessary.</p> <p>NOTE: Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.</p>		
Full Legal Name:		% Owned:
Mailing Address:		
Full Legal Name:		% Owned:
Mailing Address:		
Full Legal Name:		% Owned:
Mailing Address:		

12. Any Other Matters:

AS 32.11.010(a)(4)

Any other matters the General Partners determine to include, and may be amended in the future, per AS 32.11.020. Attach additional sheets as necessary.

13. Signatures:

AS 32.11.040(a)(1)

The Certificate of Limited Partnership must (mandatory) be signed by each General Partner or an Attorney-In-Fact authorized to sign on behalf of one or more of the General Partners.

Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

If signing on behalf of General Partner which is an entity, then identify the signer's relationship and signing authority with the General Partner. For example: John Smith, President XYZ Inc the General Partner of ABC Limited Partnership.

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

General Partner's Printed Name: -----

General Partner's Signature: ----- **Date:** -----

IMPORTANT: Additional licensing requirements with this division.

• **Professional Licensing:**

If you are engaging in any business activity which requires professional licensure, you must (mandatory) obtain it prior to applying for an Alaska Business License. For more information, FAQs, and forms, go to: www.ProfessionalLicense.Alaska.Gov

• **Business Licensing:**

Per 43.70.020, prior to engaging in business activity in this state, you must (mandatory) obtain an Alaska Business License. For more information, FAQs, and forms, go to: www.BusinessLicense.Alaska.Gov



THE STATE
of **ALASKA**
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *Corporations.Alaska.Gov*

Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>