

# Limited Partnership Instructions



Wyoming Secretary of State ♦ 2020 Carey Avenue, Suite 700 ♦ Cheyenne, WY 82002-0020

307.777.7311 ♦ [Business@wyo.gov](mailto:Business@wyo.gov)

<http://soswy.state.wy.us>

## Before Filing Please Note

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- One **originally signed** Certificate of Limited Partnership and one **originally signed** Consent to Appointment by Registered Agent form must be submitted.
- 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”. Please refer to the Wyoming Statutes or “The Choice is Yours” at <http://soswy.state.wy.us/Forms/Publications/ChoiceIsYours.pdf> to determine which status to elect.
- Filing fee of \$100.00**. Make check or money order payable to Wyoming Secretary of State.
- Please provide at least one e-mail address in the Certificate of Registration. The provided e-mail address is used *only* to send you a certificate of evidence and annual report reminders.
- 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.



## You're Ready to Mail in Your Documents!

- ♦ **Typical processing time is 3-5 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.wy.gov> to see what day is currently being processed.

## Additional Contact Information

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- ♦ **Department of Revenue** (Sales and Use Tax Information)
  - Ph. 307.777.5200 OR <https://revenue.state.wy.us/>
- ♦ **Wyoming Business Council** (Licensing or Permit Information)
  - Ph. 307.777.2843 OR <http://www.wyomingbusiness.org/>
- ♦ **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

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**Limited Partnership  
Certificate of Limited Partnership**

1. Name of the limited partnership:

*(The name must contain the words "Limited Partnership" without abbreviation. You may include the designation in the name for a Limited Liability Limited Partnership (LLLP) if you choose.)*

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

3. 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.**)*

4. Mailing address of the limited partnership:

5. Principal office address:

6. Name and business address of each general partner:

Name:

Address:

7. 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:

8. The latest date upon which the limited partnership is to dissolve:  
(mm/dd/yyyy)

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

**General Partner Signature:** \_\_\_\_\_

**Date:**  
(mm/dd/yyyy)

Print Name:

Contact Person:

Daytime Phone Number:

Email:

*(Email provided will receive annual report reminders and filing evidence)  
\*May list multiple email addresses*



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## 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: \_\_\_\_\_

Registered Agent Mailing Address  
(if different than above):

**\*If this is a current registered agent changing their registered address on file, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and 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)*