RESTATED
CERTIFICATE
OF
LIMITED PARTNERSHIP
(Oklahoma Limited Partnership)

TO: OKLAHOMA SECRETARY OF STATE
421 N.W. 13th, Suite 210
Oklahoma City, Oklahoma 73103
(405) 522-2520

Filing Fee: $100.00

I hereby execute the following articles for the purpose of **restating** the certificate of limited partnership in its entirety for:

_____

an Oklahoma limited partnership, pursuant to the provisions of Title 54, Section 202A:

1. The limited partnership is a Limited Liability Limited Partnership: **(check one)**

☐ No (Article #2A) **OR** ☐ Yes (Article #2B)

2. A) Name of the limited partnership: (**Note:** The name of a limited partnership **must** contain either the words **LIMITED PARTNERSHIP** or the abbreviation **L.P.** or **LP.)**

_____

B) Name of the limited liability limited partnership: (**Note:** The name of a limited liability partnership must contain the phrase **"limited liability limited partnership"** or the abbreviation **LLLP** or **L.L.L.P.**)

_____

3. Street, email, and mailing address of the designated office:
   - ❖ The designated office is the office address of the limited partnership, which need not be a place of its activity in Oklahoma.

_____

Street & Mailing Address (P.O. BOXES ARE NOT ACCEPTABLE) | **City** | **State** | **Zip Code**

Email Address: _____

4. **NAME**, email, street, and mailing address of the registered agent for service of process in the state of Oklahoma:
   - ❖ The agent **must** be the limited partnership itself, an individual resident of Oklahoma, **or** a corporation, limited liability company or limited partnership formed in or authorized to do business in Oklahoma.

_____

Name | **Street & Mailing Address (P.O. BOXES ARE NOT ACCETABLE)** | **City** | **State** | **Zip Code**

Oklahoma

Email Address: _____

5. Term of duration is to be **perpetual**, unless stated otherwise: _____

6. **E-MAIL** address of the primary contact for the registered business:

_____

❖ Notice of the Annual Certificate will **ONLY** be sent to the Limited Partnership at this electronic mail address.

7. **NAME**, email, street, and mailing address of each general partner:

Name	Street Address	City	State	Zip Code	Email

The restated certificate of limited partnership must be signed by at least one (1) general partner listed in the certificate, and each other person designated as a new general partner and each person dissociated as a general partner.

❖ If the limited partnership adds or deletes the statement that it is a limited liability limited partnership, then the amended certificate **must** be signed by all the general partners listed in the certificate.

❖ If the general partner is a corporation, then the certificate **shall** be signed by the president or vice president of the corporation and attested to by the secretary or assistant secretary of said corporation.

- **Signed this _____ day of _____, _____ by:**

_____	_____
Signature of General Partner	Signature of General Partner
_____	_____
Printed Name	Printed Name
_____	_____
Title	Title

Oklahoma Secretary of State
Request to receive
documents electronically

No need to wait on your filed documents to be mailed back to you. If you would like your filed documents returned electronically, please complete and attach this form to your documents. Complete ALL information below to receive an email which will contain a link to retrieve your filed documents. (Please print or type clearly.)

☐ **Return filed documents electronically**

Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

EMAIL ADDRESS: _____

(It is critical that the email address is correct, or you may not receive the notification of filing)