STATEMENT
OF
PARTNERSHIP AUTHORITY

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

Filing Fee: $100.00

I hereby certify the following statement of partnership authority pursuant to the provisions of Title 54, Section 1-303:

1. Name of the partnership:

_____

2. A) Street address of its chief executive office, wherever located:

_____

Street Address **City** **State** **Zip Code**

B) **AND, if there is one**, the street address of its chief executive office in the state of Oklahoma:

Oklahoma

Street Address **City** **State** **Zip Code**

3. A) **NAME** and mailing address of an agent appointed and maintained by the partnership:
   - ❖ The agent shall maintain a list of the names and mailing addresses of all of the partners and make it available to any person on request for good cause shown.

_____

Name **Mailing Address** **City** **State** **Zip Code**

OR

B) Names and mailing addresses of the partners authorized to execute an instrument transferring real property held in the name of the partnership:

NAME OF PARTNER **MAILING ADDRESS**

_____

_____

(Please make an attachment, if necessary.)

4. If applicable, **attach** a statement of the authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership and any other matter.

The statement of partnership authority must be signed by at least two (2) partners.

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

Signature of Partner: _____ Printed Name: _____

Signature of Partner: _____ Printed Name: _____

Oklahoma Secretary of State
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documents electronically

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Receipt will read as follows:

PERSONAL or BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE OR CELL: _____

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