Secretary of State
State of Oklahoma

20___

LIMITED PARTNERSHIP ANNUAL CERTIFICATE

LP Name:

Filing Number: _____

Anniversary Date: _____

FILING FEE: $50.00

In accordance with Title 54, Section 500-210A, **EVERY** domestic and foreign limited partnership (LP) registered to do business in Oklahoma shall file a certificate each year in the Office of the Secretary of State, on the anniversary date of its registration.

1. State or jurisdiction of the limited partnership's formation, if a foreign limited partnership: _____

2. If different than its legal name, the fictitious name by which the foreign limited partnership transacts business under in the state of Oklahoma:

3. Street, email, and mailing address of the LP's designated/principal office in Oklahoma (Foreign LPs may list address wherever located.):

Street Address (P.O. Boxes are NOT acceptable.) City State Zip Code Email

4. **Name, email,** and street address of the registered agent for service of process in the state of Oklahoma:

Name Street Address City State Zip Code Email

5. **E-MAIL** address of the primary contact for the LP:

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

A limited partnership that neglects, refuses or fails to file the annual certificate within sixty (60) days after the due date shall cease to be in good standing as a domestic limited partnership or registered as a foreign limited partnership in this state.

Signature of a General Partner

Print Name & Title of Signer

Date

To ensure proper credit and maintain the active status of the Limited Partnership, complete and submit this Annual Certificate together with a check or money order in the amount of $50.00, made payable to the Oklahoma Secretary of State.

Mail this form with check or money order to:
Oklahoma Secretary of State
421 NW 13th Street, Suite 210
Oklahoma City OK 73103

buisness.sos.ok.gov

Telephone: (405) 522-2520

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)