



登记号

REGISTRY NUMBER:

仅供办公使用
For office use only

根据俄勒冈州修订法规第 192.410-192.490 款，本申请表所载信息属于公共记录。我们必须根据要求向各方发布此信息，并将其公布在我们的网站上。
In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

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请用黑色墨水清楚地打印或书写。如有需要，另加纸张。
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) 名称: (必须包含词语 "Limited Partnership" , 无缩写。)
NAME: (Must contain the words "Limited Partnership" without abbreviation.)

2) 持续时间: (请勾选一项。)
DURATION: (Please check one.)

该实体解散的最迟日期为 _____
Latest date upon which the entity is to dissolve is _____

或
or

持续时间应永续
Duration shall be perpetual.

3) 将保存合伙公司记录的办事处地址: (必须为俄勒冈州街道地址。)

7) 每位普通合伙人的姓名和地址
NAME AND ADDRESS OF EACH GENERAL PARTNER:

ADDRESS OF THE OFFICE WHERE RECORDS OF THE PARTNERSHIP WILL BE KEPT: (Must be an Oregon Street Address.)

4) 注册代理人
REGISTERED AGENT:

5) 注册代理人的公开可用地址: (必须为俄勒冈州街道地址，与注册代理人的业务办公室是同一地址。必须包含市、州、邮政编码；禁止使用邮政信箱。)

REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: (Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

8) 此转变是从合伙公司转为有限合伙公司。合伙公司之前名称:

THIS WAS CONVERTED TO A LIMITED PARTNERSHIP FROM A PARTNERSHIP. FORMER NAME OF PARTNERSHIP

6) 可供部门邮寄通知的地址

ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

9) 执行: (所有普通合伙人必须签名。)

本人以授权签署人身份声明，根据作伪受罚的规定，本文件不会以欺诈方式隐瞒、模糊、修改或以其他方式歪曲任何个人（包括管理人员、董事、员工、成员、经理或代理人）的身份。本人已检查此档案，据本人所知所信，档案真实、正确且完整。在本文件中作虚假陈述是违法的，可能受到罚款、监禁或两者兼施的处罚。

EXECUTION: (All general partners must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, obscure, alter, or otherwise misrepresent the identity of any person including officers, directors, employees, members, managers or agents. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

签名
Signature:

印刷体姓名
Printed Name:

联系人姓名：（需解决本档案的相关问题。）

CONTACT NAME: (To resolve questions with this filing.)

电话号码：（包括区号。）

PHONE NUMBER: (Include area code.)

70 - Certificate of Limited Partnership (1/20)

费用

FEES

必缴手续费 100 美元

Required Processing Fee \$100

手续费恕不退还。

Processing Fees are nonrefundable.

支票抬头请写“公司部”

Please make check payable to "Corporation Division."

使用企业名称搜索程序可在 <http://sos.oregon.gov/business>, 网站上获取免费副本。

Free copies are available at <http://sos.oregon.gov/business>, using the Business Name Search program.