



Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION

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TRANSMITTAL INFORMATION FORM
GEORGIA LIMITED PARTNERSHIP

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: _____

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. Entity Type (check one only): [] Limited Partnership (LP) [] Limited Liability Limited Partnership (LLLP)

Name Reservation Number (if one has been obtained; if certificate is being filed without prior reservation, leave this line blank)

Limited Partnership or Limited Liability Limited Partnership (LP/LLLP) Name (List exactly as it appears in certificate of limited partnership.)

2. Name* of Person Filing Certificate of Limited Partnership (Certificate will be emailed to this person at email address listed below.)

Address City State Zip Code

Filer's Email Address Telephone Number

3. Principal Office Mailing Address of LP/LLLP (Unlike registered office address, this may be a post office box.)

City State Zip Code

4. Name* of Registered Agent in Georgia

Registered Office Street Address in Georgia (Post office box or mail drop not acceptable for registered office address.)

City County GA State Zip Code

Registered Agent's Email Address

5. For Limited Partnerships Formed Prior to July 1, 1988 ONLY:
Date Formed: County: Book No: Page No:

6. NOTICE: THIS FORM DOES NOT REPLACE THE CERTIFICATE OF LIMITED PARTNERSHIP REQUIRED BY TITLE 14 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED. Mail this Transmittal Information Form, the certificate of limited partnership, and the filing fee of \$110.00 (\$100 filing fee + \$10 paper filing service charge) payable to "Secretary of State" to the above address. Filing fees are non-refundable.

I understand that this Transmittal Information Form is included as part of my filing, and the information on this form will be entered in the Secretary of State business entity database. I certify that the above information is true and correct to the best of my knowledge.

Signature of Authorized Person

Date

Print Name*

* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.