


**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Partnership Authority DSCB:15-8433 (2/2017)  8433
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Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8433 (relating to certificate of partnership authority), the undersigned general partnership desiring to effect a certificate of partnership authority (or amendment or cancellation thereto) hereby states that:

I. Required fields for Certificate, Amendment or Cancellation

1. The name of the general partnership is: _____

2. Complete part (a) **OR** (b) – not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

Number and street of principal office	City	State	Zip	County
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(b) The partnership is a registered foreign limited liability partnership and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: *(Complete (1) or (2), not both)*

(1) _____

Number and Street	City	State	Zip	County
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(2) _____

Name of Commercial Registered Office Provider	County
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II. Certificate of Partnership Authority Only

1. All persons holding the following position (e.g., General Partner, Managing Partner) _____ with respect to the partnership has the authority to do the following: *Check all that apply. For additional positions, attach additional pages as needed.*

Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

- Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

2. The following named person (e.g., Jane Smith) _____ has the authority to do the following: *Check all that apply. For additional persons, attach additional pages as needed.*

- Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

- Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

III. Amendment to Certificate of Partnership Authority

If amending a Certificate of Authority previously filed in the Department of State, check the box below and complete the following:

- The Certificate of Partnership Authority that became effective on _____ is amended.
Date (MM/DD/YYYY)

The contents of the amendment are stated below. *Additional pages may be attached as needed.*

IV. Cancellation of Certificate of Partnership Authority

If cancelling a Certificate of Authority previously filed in the Department of State, check the box below and complete the following.

- The Certificate of Partnership Authority that became effective _____ is cancelled.
Date (MM/DD/YYYY)

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate/Amendment/Cancellation of Partnership Authority to be signed by a person duly authorized by the general partnership thereof this _____ day of _____, 20_____.

Name of Partnership

Signature

Title