

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ASSUMED NAME CERTIFICATE  
OF  
LIMITED PARTNERSHIP**

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant to Section 33-42-45 of the 1976 South Carolina Code, as amended, the undersigned limited partnership submits the following:

1. Name of Limited Partnership \_\_\_\_\_
2. Assumed name for transaction of business \_\_\_\_\_
3. Date filed in South Carolina \_\_\_\_\_
4. Date of Organization \_\_\_\_\_ State of Organization \_\_\_\_\_
5. Address of Registered Office in this state

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

6. Name of Registered Agent \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name of Partnership

\_\_\_\_\_  
Signature of General Partner

\*The assumed name listed under number 2 must contain the words "Limited Partnership" or the abbreviation "LP" or "L. P." in accordance with Section 33-42-30 of the 1976 South Carolina Code of Laws, as amended.

**FILING INSTRUCTIONS**

1. Two copies of this form, the original and either a duplicate original or a conformed copy, must be filed.
2. Filing Fee (payable to the Secretary of State at the time of filing this application) - \$10.00

Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211