

FILING FEE \$75.00

Please check box to request Optional Expedited Service

DO NOT STAPLE

FORM **321**

REGISTRATION APPLICATION FOREIGN LIMITED PARTNERSHIP

Sec. 179.82, Wis. Stats.

1. Name of the Limited P		2. State in which formed:			
			3. Date	of formation	n:
4. Name under which the different from the name s			er and transac	et business, i	f
5. Name of Agent for ser	rvice of process in Wi	sconsin:			
6. Street address (in Wise	consin) of the agent for	or service of process			
Street:					
City:	7:		Zip Cod	Zip Code:	
required to maintain in the that state, its principal offi 8. Select, mark (X) and co A. The address of the organization is: Street:	ce), as set forth in this omplete one of the following	application. owing statements:			cu III
City:	State:	Country:		Zip/Postal C	ode:
OR					
B. The limited partn address of the limited parts Street:	-	to maintain an office in in the first to maintain an office is:	its state of org	ganization. T	Гће
City:	State:	Country:		Zip/Postal C	ode:
	<u> </u>		Office Use Only		
DFI/CORP/321(04/18)					1

9. Name and Business Address of Each General Partner Name: Address: 10. The limited partnership pledges to keep a list of the names and addresses of the limited partners and their capital contributions until such time as the limited partnership cancels its registration or withdraws from Wisconsin. The **address** of the office where such list is kept is: Street: City: State: Country: Zip/Postal Code: 12. I swear that the information contained in this application is true, correct, and complete to the best of my knowledge and belief. BY:_____ , GENERAL PARTNER (Printed Name) (Signature of GENERAL PARTNER) State of ____ County of Subscribed and sworn to before me on _____ (Date) (Signature of Notary) (Printed name of Notary)

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 771 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

My commission, issued by the State of ______ expires on _____

(Seal impression)

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▲ Please provide an email or postal mailing address for the filed copy of the document. Your phone number during the day: _______

INSTRUCTIONS (Ref. sec. 179.82, Wis. Stats. for document content)

REGISTRATION APPLICATION - FOREIGN LIMITED PARTNERSHIP

Please use BLACK ink. Submit one original to State of WI – Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with the appropriate **FILING FEE of \$75.00**. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). Sign the document manually or otherwise as allowed under sec. 180.0120(3)(c), Wis. Stats.

- 1. Enter the name of the foreign limited partnership.
- 2 & 3. Provide the name of the state or country in which the limited partnership is formed and the date of formation.
- 4. If the name under which it is organized in its home state does not include the words "limited partnership" or the abbreviation "L.P." or "LP", or its name is not available for use in Wisconsin, it will be necessary for the partnership to obtain its authority to transact business in Wisconsin under a registered name. Any name under which the foreign limited partnership will transact business in Wisconsin must contain the words "limited partnership" or the abbreviation "L.P." or "LP".
- 5 & 6. A foreign limited partnership must continuously maintain an agent within Wisconsin for receipt of service of process. The agent must be an individual resident of this state, a domestic or licensed foreign corporation, nonstock corporation, registered limited liability partnership, limited partnership or limited liability company, whose business office is identical with the registered office. The address of the agent must include a street address.
- 7. This statement is required under sec. 179.82(5).
- 8. Select, mark (X) and complete either item 8A or 8B (Provide only one address in item 8). A. Provide the address of the office the limited partnership is required to maintain in the state in which it is organized. B. If the limited partnership is not required to maintain an office in its state of organization, provide the address of the limited partnership's principal office.
- 9. Provide the name and business address of each General Partner. 12. The application is to be signed and sworn to by a General Partner.
- 10. The address at which a list of the names and addresses of the limited partners and their capital contributions is kept.
- 11. If the document is executed in Wisconsin, sec. 182.01(3), Wis. Stats., provides that it shall not be filed unless the name of the drafter (either an individual or a governmental agency) is printed in a legible manner. If the document is not executed in Wisconsin, enter "not executed in Wisconsin."

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