Delaware Division of Corporations
401 Federal Street – Suite 4
Dover, DE 19901
Ph: 302-739-3073

Certificate of
Limited Partnership of a
Statutory Public Benefit Limited Partnership

Dear Sir or Madam:

Attached please find a form for a Certificate of Limited Partnership of a Statutory Public Benefit Limited Partnership to be filed in accordance with Section 17-201 and 17-1202 of the Limited Partnership Act of the State of Delaware. The fee to file the Certificate is $200. You will receive a stamped "Filed" copy of the submitted document. A certified copy may be requested for an additional $50. Expedited services are available. Please contact our office concerning these fees or you may consult our fee chart at corp.delaware.gov. Checks should be made payable to "Delaware Secretary of State".

Annual Taxes in the amount of $400 for the statutory public benefit limited partnership are due by June 1 of each year following the close of the calendar year in which their Certificate of Limited Partnership becomes effective. Please contact the Franchise Tax Section with any questions regarding Annual Taxes.

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type the name of the person signing under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State
Division of Corporations

Special Instructions – Certificate of Limited Partnership of a Statutory Public Benefit Limited Partnership

This form is to be used as a Template only. The following instructions will help you in correctly completing your Certificate of Limited Partnership. The instructions are numbered to correspond with the article being referenced.

1. *The name of the statutory public benefit limited partnership exactly as you wish it to appear in our records. Please visit our website to verify the availability of the name. The name must include the words "Limited Partnership" or the abbreviation "L.P." or the designation "LP".*
2. *Set forth the complete name and street address of the registered agent located in Delaware you are appointing to accept service of process for the statutory public benefit limited partnership.*
3. *Set forth the name and business, residence or mailing address of each general partner.*
4. *Set forth the specific statutory public benefit purpose of the limited partnership in accordance with Section 17-1202 of Title 6.*

Execution Block - *The document must be signed by all general partners of the statutory public benefit limited partnership that are listed in article 3 pursuant to Section 17-204 of Title 6, Chapter 17. The name of each person must be typed or written legibly underneath the signature.*

This form contains the basic information required by statute; if you need to add additional information permitted by statute you may draft a new document. Please feel free to call our office at 302-739-3073 for assistance in completing this form or visit our website at corp.delaware.gov.
Sincerely,
Delaware Division of Corporations

STATE OF DELAWARE
CERTIFICATE OF LIMITED PARTNERSHIP OF A STATUTORY PUBLIC BENEFIT LIMITED PARTNERSHIP

The undersigned general partner(s), desiring to form a statutory public benefit limited partnership pursuant to the Limited Partnership Act of the State of Delaware, hereby certifies as follows:

1. The name of the statutory public benefit limited partnership is_____ _____ .

2. The Registered Office of the statutory public benefit limited partnership in the State of Delaware is located at _____(street), in the City of _____, Zip Code_____. The name of the Registered Agent at such address upon whom process against this statutory public benefit limited partnership may be served is _____ _____.

3. The name and mailing address of each general partner is as follows:

_____
_____
_____
_____
_____
_____
_____.

4. The specific public benefit to be promoted by the statutory public benefit limited partnership is to_____
_____
_____
_____
_____
_____
_____.

By:_____
Name of General Partner

Signature:_____

Name:_____
Print or Type

Title:_____