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

Statement of Partnership Existence
of a Partnership

Dear Sir or Madam:

Attached please find a form for a Statement of Partnership Existence of a Partnership to be filed in accordance with Section 15-303 of the Revised Uniform 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 partnership are due by June 1 of each year following the close of the calendar year in which their Statement of Partnership Existence 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

rev. 8/2026

Special Instructions – Statement of Partnership Existence of a Partnership

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

1. *The name of the partnership exactly as you wish it to appear in our records. Please visit our website to verify the availability of the name.*

2. *List the complete name and street address of the registered agent located in Delaware you are appointing to accept service of process for the partnership.*

Execution Block - *The document must be signed by a partner or authorized person of the partnership pursuant to Section 15-105 of Title 6, Chapter 15. The name of the 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
STATEMENT OF
PARTNERSHIP EXISTENCE

The undersigned partner or authorized person, desiring to form a partnership pursuant to the Revised Uniform Partnership Act of the State of Delaware, hereby certifies as follows:

1. The name of the partnership is_____
_____ .

2. Its Registered Office in the State of Delaware is to be located at_____
_____(street), in the City of _____
Zip Code_____. The name of the Registered Agent at such address is
_____
_____.

By:_____
Partner/Authorized Person

Name:_____
Print or Type