

**Delaware Division of Corporations**  
**401 Federal Street – Suite 4**  
**Dover, DE 19901**  
**Ph: 302-739-3073**  
**Fax: 302-739-3812**

**Statement of  
Partnership Existence**

Dear Sir or Madam:

Enclosed is the Statement of Partnership Existence of a Delaware Partnership to be filed in accordance with the Partnership Act of the State of Delaware. The fee to file the Certificate is \$200.00. Expedited services are available for an additional fee. Please contact our office for the appropriate fee. Please make your check payable to “Delaware Secretary of State”.

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 your name 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

encl.  
rev. 06/04

**STATE OF DELAWARE  
STATEMENT OF  
PARTNERSHIP EXISTENCE**

1. The name of the partnership is \_\_\_\_\_  
\_\_\_\_\_.
  
2. The address of its registered agent in the State of Delaware is \_\_\_\_\_  
\_\_\_\_\_ in the city of \_\_\_\_\_. Zip code \_\_\_\_\_.  
The name of the registered agent is \_\_\_\_\_  
\_\_\_\_\_.

**IN WITNESS WHEREOF**, the undersigned has executed this Statement of Partnership this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

\_\_\_\_\_  
Authorized Partner(s)

\_\_\_\_\_  
Print or Type Name(s)