

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input type="checkbox"/> Return document by email to: _____	Certificate of Partnership Authority DSCB:15-8433 (2/2017)  8433
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Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 8433 (relating to certificate of partnership authority), the undersigned general partnership desiring to effect a certificate of partnership authority (or amendment or cancellation thereto) hereby states that:

I. Required fields for Certificate, Amendment or Cancellation

1. The name of the general partnership is: _____

2. Complete part (a) **OR** (b) – not both:

(a) The partnership is a domestic general partnership or limited liability partnership and the address, including number and street, if any, of its principal place of business is:

Number and street of principal office	City	State	Zip	County
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(b) The partnership is a registered foreign limited liability partnership and the (1) address of its current registered office in this Commonwealth or (2) name of its commercial registered office provider and the county of venue is: *(Complete (1) or (2), not both)*

(1) _____

Number and Street	City	State	Zip	County
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(2) _____

Name of Commercial Registered Office Provider	County
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II. Certificate of Partnership Authority Only

1. All persons holding the following position (e.g., General Partner, Managing Partner) _____ with respect to the partnership has the authority to do the following: *Check all that apply. For additional positions, attach additional pages as needed.*

Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

- Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

2. The following named person (e.g., Jane Smith) _____ has the authority to do the following: *Check all that apply. For additional persons, attach additional pages as needed.*

- Sign an instrument transferring real property held in the name of the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

- Enter into other transactions on behalf of, or otherwise act for or bind, the partnership. Other specification or limitation may be provided. *Additional pages may be attached as needed.*

III. Amendment to Certificate of Partnership Authority

If amending a Certificate of Authority previously filed in the Department of State, check the box below and complete the following:

- The Certificate of Partnership Authority that became effective on _____ is amended.
Date (MM/DD/YYYY)

The contents of the amendment are stated below. *Additional pages may be attached as needed.*

IV. Cancellation of Certificate of Partnership Authority

If cancelling a Certificate of Authority previously filed in the Department of State, check the box below and complete the following.

- The Certificate of Partnership Authority that became effective _____ is cancelled.
Date (MM/DD/YYYY)

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate/Amendment/Cancellation of Partnership Authority to be signed by a person duly authorized by the general partnership thereof this _____ day of _____, 20_____.

Name of Partnership

Signature

Title

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Website: www.dos.pa.gov/corps

General Information

Typewritten is preferred. If handwritten, the form must be legible and completed in black or blue-black ink in order to permit reproduction. The nonrefundable filing fee for this form is \$70.

Checks should be made payable to the Department of State. Checks must contain a commercially pre-printed name and address.

This form and all accompanying documents, including any necessary governmental approvals, shall be mailed to the address stated above.

Who should file this form?

This form may be used by a general partnership to set forth, amend or cancel partnership authority. Each partner is an agent of the partnership for the purpose of its business. An act of a partner, including the signing of an instrument in the partnership name, for apparently carrying on in the ordinary course the partnership business or business of the kind carried on by the partnership binds the partnership, unless the partner did not have authority to act for the partnership in the particular matter and the person with which the partner was dealing knew or had notice that the partner lacked authority. This statutory apparent authority may be altered by the filing or recording of a Certificate of Partnership Authority under 15 Pa.C.S. § 8433, which establishes the mechanics for and the legal effect of filing or recording a Certificate of Partnership Authority.

Applicable Law

For relations of partners to persons dealing with partnership, in general, see 15 Pa.C.S. §§ 8431-8438. Statutes are available on the Pennsylvania General Assembly website, www.legis.state.pa.us, by following the link for Statutes.

Form Instructions

Enter the name and mailing address to which any correspondence regarding this filing should be sent. This field must be completed for the Bureau to return the filing. If the filing is to be returned by email, an email address must be provided. An email will be sent to address provided, containing a link and instructions on how a copy of the filed document or correspondence may be downloaded. Any email or mailing addresses provided on this form will become part of the filed document and therefore public record.

Section I. is required whether setting forth, amending or cancelling partnership authority. To state partnership authority, complete **Section I** and **Section II**. To amend partnership authority, complete **Section I** and **Section III**. To

cancel partnership authority, complete **Section I** and **Section IV**. Do not complete any combination of **Section II, III, or IV**.

Section I. This field is always required.

I. 1. Give the exact name of the partnership. The name on this line must match exactly the partnership name if on file with the Department at the time the Certificate/Amendment/Termination of Partnership Authority is submitted for filing. **This field is required.**

I. 2. Current address. The address provided must be the address of the partnership's principal place of business if the partnership is a domestic general partnership or limited liability partnership (a) or the partnership's registered office address (b) as on file with the Department of State at the time the Certificate/Amendment/Termination of Partnership Authority is submitted for filing, if the partnership is a registered foreign limited liability partnership. **This field is required.**

Post office boxes are not acceptable for any address. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.

Section II. This field is required in addition to **Section I** only if the general partnership is stating partnership authority.

II. 1. This field is required if the partnership is delegating authority to a position, rather than a specific person. List the title of the position that will possess the delegated authority. Check one or both boxes indicating which authority will be delegated to the listed position. Other specifications or limitations may be provided, per the partnership's preference. Additional pages may be attached as needed. If the partnership would like to delegate authority to multiple positions, attach additional pages as needed.

II. 2. This field is required if the partnership is delegating authority to a specific individual, rather than a position. Provide the name of the individual that will possess the delegated authority. Check one or both boxes indicating which authority will be delegated to the listed individual. Other specifications or limitations may be provided, per the partnership's preference. Additional pages may be attached as needed. If the partnership would like to delegate authority to multiple individuals, attach additional pages as needed.

Section III. This field is required in addition to **Section I** only if the general partnership is amending a Certificate of

Partnership Authority which is already on file with the Department of State.

Check the box. List the date that the Certificate of Partnership Authority that is being amended became effective. List verbatim, the content of the amendment. Additional pages may be attached as needed.

Section IV. This field is required in addition to **Section I** only if the general partnership is canceling a Certificate of Partnership Authority which is already on file with the Department of State.

Check the box. List the date that the Certificate of Partnership Authority that is being canceled became effective.

Signature and Verification

An authorized representative of the partnership must sign the Certificate of Partnership Authority (or amendment or cancellation thereto). Signing a document delivered to the Department for filing is an affirmation under the penalties provided in 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) that the facts stated in the document are true in all material respects. **This field is required.**