


Nevada Chapter 87A Limited Partnership

CHQ Incorporated  Serving 5000+ clients since 1992

1. Name of the Partnership:

Name must contain the words "Limited Partnership," or the abbreviation "LP" or "L.P."

2. Name of the General Partner starting this partnership:

3. Mailing address:

; In order to keep your personal address off the internet, we will use our P.O. Box 70477, Las Vegas NV 89170, on your filings with the state free of charge. This does not however, constitute a mail forwarding service. See below for optional mail forwarding service.

4. Shipping address if different from above:

5. Phone:

email:

Fax:

6. Choose Standard or Expedited service (Registered Agency service at \$100. annually is included for the first full year):

Standard formation shipped in approximately 7 days **\$225.00**
(price equals setup, full years' agency fee and state filing fee)

Expedited formation shipped within 24-48 hours **\$350.00**
(price includes state expedite fee fee)

7. Optional items:

Mail forwarding service (\$120. annual fee + \$20. initial postage deposit) **140.00**
(If you purchase mail forwarding, read page 4 then complete and return page 5 within 10 days)

State certification of your Certificate of Limited Partnership **30.00**

8. Total amount to be charged to card \$

9. Card #

Exp: MO

YR

Last 3 numbers on back of card

(American Express is not accepted)

Cardholder authorizes this purchase to be charged to the credit card above in the amount indicated. The General Partner as endorsed below acknowledges that he or she has read and understands the information provided at chqinc.com, regarding additional fees (of \$325.00) due the State of Nevada after formation; and terms, restrictions, and application requirements for mail forwarding services. General Partner also acknowledges that he or she has read and understands NRS Chapter 87A, and specifically 87A.195 as regards information and maintenance of documents and records required to be maintained at its registered office within the State of Nevada. A link to Chapter 87A is located at chqinc.com, "set up a new company".

General Partner signature _____ Date: _____

Read the next page, complete Certificate of Limited Partnership, and return with this page.

Email to: chqinc@juno.com

Secure fax to: (702) 796-6694

Questions? call: (800) 634-1441

NEVADA CHAPTER 87A LIMITED PARTNERSHIP

FIRST: Complete the attached “Certificate of Limited Partnership” form as follows:

Box 1: PRINT the name of your new partnership. (It must contain the words “Limited Partnership”, or initials “L.P.” or “LP”.) We can search a name for you free of charge; call 800 634-1441.

Box 2: Do not put anything in this box. This is your designated office for maintenance of records in Nevada
This does not however, constitute a mail forwarding service, please see previous page.

Box 3: Do not put anything in this box.

Box 4: Optional: Leave blank or enter a future date.

Box 5: Provide name, street address, AND mailing address, and signature of all General Partners (Your address—not ours)

Box 6: Self explanatory.

Box 7: Formation date can be anytime 30 days in the future. (It can NOT be a past date.)



060101



ROSS MILLER
Secretary of State
204 North Carson Street, Suite 4
Carson City, Nevada 89701-4520
(775) 684-5708
Website: www.nvsos.gov

Certificate of Limited Partnership

(PURSUANT TO NRS CHAPTER 87A)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Limited Partnership: (see instructions)				
2. Street and Mailing Address of Designated Office:	2235 E. Flamingo Rd Ste. 100-D <small>Street Address (required)</small>	Las Vegas <small>City</small>	Nevada <small>State</small>	89119 <small>Zip Code</small>
	2235 E. Flamingo Rd Ste. 100-D <small>Mailing Address (required)</small>	Las Vegas <small>City</small>	NV <small>State</small>	89119 <small>Zip Code</small>
3. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: CHQ INCORPORATED <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <small>Street Address</small> <small>City</small> <small>Nevada</small> <small>Zip Code</small> <small>Mailing Address (if different from street address)</small> <small>City</small> <small>Nevada</small> <small>Zip Code</small>			
4. Dissolution Date: (optional)	A Limited Partnership governed by NRS Chapter 87A may have perpetual existence or state a dissolution date. The date of dissolution of this entity, if any, is: <input type="text"/> (mm/dd/yyyy)			
5. Name, Street Address, Mailing Address and Signature of Each General Partner: (add additional page if more than 2)	1) <input type="text"/> X <small>Name of General Partner</small> <small>General Partner Signature</small> <small>Street Address (required)</small> <small>City</small> <small>State</small> <small>Zip Code</small> <small>Mailing Address (required)</small> <small>City</small> <small>State</small> <small>Zip Code</small> 2) <input type="text"/> X <small>Name of General Partner</small> <small>General Partner Signature</small> <small>Street Address (required)</small> <small>City</small> <small>State</small> <small>Zip Code</small> <small>Mailing Address (required)</small> <small>City</small> <small>State</small> <small>Zip Code</small>			
6. Other Matters: (see instructions)	<input type="checkbox"/> Mark box to indicate additional matters have been added to the Certificate of Limited Partnership and attach pages.			
7. Formation Date: (optional)	The formation date of this entity will be the <i>later</i> of the filing date of this certificate or: <input type="text"/> (mm/dd/yyyy)			
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small> <small>Date</small>			

This form must be accompanied by appropriate fees.

Instructions for completion of USPS form 1583

Box 1: Enter today's date.

Box 2: Print your business OR personal name here. It can be one or the other, NOT BOTH. If husband and wife are applying, print both names here together. Two forms of I.D. specified under #8 are required for both husband and wife.

Box 7a, b, c, d, e: Print your personal home address (NO P.O. BOXES) and phone. This must match the addresses shown on your I.D. listed in box 9.

Box 8: Two clear copies of I.D., one of which must contain a photograph of the applicant. SOCIAL SECURITY CARDS, CREDIT CARDS, AND BIRTH CERTIFICATES ARE UNACCEPTABLE.

Acceptable I.D. would include: driver's license or state issued non-driver I.D., armed forces, government, university I.D. cards, passport, alien registration card, certificate of naturalization, property lease, mortgage or deed of trust, voter or vehicle registration, home or vehicle insurance policy.

Box 9, 10, 11: If applicant is a business, complete all boxes. Or print N/A

Box 12: LLC, Partnership, etc. Complete only if applicable. Or print N/A.

Box 13: Corporations only. Complete only if applicable. Or print N/A.

Box 14: Enter information as required. If CHQ formed your entity in Nevada, the County of formation would be "Clark".

Complete the form as instructed. Copies of I.D. must be legible so either scan and email, or fax with fine resolution set on your fax machine. Otherwise you must mail them.

Mail receiving and forwarding from Las Vegas

- With our Federally Registered mail service, you get to use a Flamingo Road street address in Las Vegas.
- The cost is \$120.00 per year, plus first class postage (an initial \$20.00 refundable postage deposit is required).
- You pay postage only—with no additional “per piece” fees.
- Your mail will be forwarded within 24 hours of receipt.
- Up to 100 pieces of mail a month is included.
- Local pickup is not available.

Terms and conditions

First class and pre-sorted first class letter type mail will be forwarded each working day. Fedex and UPS flat envelopes can only be accepted if they DO NOT REQUIRE A SIGNATURE. Parcels shipped to us from within the U.S. up to a maximum of 10"x10"x5" will be re-shipped by U.S. Mail only and will incur an additional fee of \$10.00 or \$2.00 per pound, whichever is greater. Parcels exceeding the limitations above will incur an additional fee of \$25.00 plus \$2.00 per pound. Each piece of mail received and forwarded in excess of 100 in a given 30 day period will incur an additional fee of \$5. per piece. Magazines, catalogs, and junk mail are normally discarded.

Your mail must contain the name that is on your account in the address. “In care of” is acceptable; e.g., if the name on the account is Jim Smith, the mail may read Mary Smith “In care of Jim Smith”. The physical address you will be authorized to use is **2235 E. Flamingo Road, Suite 100-D, Las Vegas NV 89119.** Only those listed on the USPS 1583 form may receive mail. Additional recipients must have a separate account. Postage will be debited from your postage account and we will notify you when it gets low. If your postage deposit falls below zero, your mail forwarding may be suspended until replenished.

⊗ After your account is activated, you will receive U.S.P.S. form 1583, which is to be completed and returned to us within 30 days.

Applicants full name:

Applicants address:

Address we should forward your mail to (if different from above):

Phone:

Email:

Fax:

Customer authorizes this purchase to be charged to the credit card below in the amount indicated and understands; the term of service is for one year, and except for postage deposits on account, the base fee is not refundable or pro-ratable. Customer also agrees to comply with U.S. Postal regulations and acknowledges that the U.S. Postal service cannot accept address change applications—customer would be responsible for notifying senders of any change of address.

Please establish my mail service account and charge the card below in the amount of \$140.00 or \$ _____

Card number
(American express is not accepted)

Expires: MO

YR

Last 3 numbers back of card

Applicant signature _____ Date: _____

Complete, print and fax, or scan and email.

Email to: chqinc@juno.com or secure fax to: 702 796-6694 Mail: P.O. Box 70477, Las Vegas NV 89170