

# Limited Partnership

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## INCLUDES EVERYTHING YOU NEED TO BEGIN OPERATING SUCCESSFULLY

- Clearance of Limited Partnership name prior to filing
- Preparation and filing of Articles of Organization
- Articles of Organization state filing fee
- Application for Federal Tax ID Number
- Deluxe Company Minute Book; Operating Agreement, Minutes/Resolutions, preprinted Membership Certificates, Company Seal, DVD
- Minute Book Walk-Through
- Ongoing Support and Education

### Limited Partnership Information:

Limited Partnership Name: \_\_\_\_\_

Second Name Choice: \_\_\_\_\_

State of LP Filing: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

<b>Company Mailing Address</b>	Same as Above
Address: _____	
City: _____	State: _____ ZIP: _____

<b>Shipping Address for LP Kit</b>	Same as Above
<b>* Adult Signature Required</b>	
Full Name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____

Do you have a revocable living trust? Yes No Business or Residence

### Must be in state of Organization • No Post Office Box

Sage International, Inc. - All 50 States

If you wish to provide your own Registered Agent, please complete the following information:

Registered Agent

Registered Agent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Life of Entity

Perpetual Duration or Dissolution Date \_\_\_\_\_

General Partners

NOTE: At least one General Partner.

\* General Partner A

Name:
Address:
SS#
E-mail:
Phone: ( )

General Partner B

Name:
Address:
SS#
E-mail:
Phone: ( )

Limited Partners

NOTE: At least two Limited Partners.

\* Limited Partner A

Name:
Address:
Percent of Ownership: %

\* Limited Partner B

Name:
Address:
Percent of Ownership: %

Limited Partner C

Name:
Address:
Percent of Ownership: %

Limited Partner D

Name:
Address:
Percent of Ownership: %

Limited Partner E

Name:
Address:
Percent of Ownership: %

Limited Partner F

Name:
Address:
Percent of Ownership: %

Nature of Business

Select one box that best describes the principal activity of your business

- Construction, Rental & Leasing, Transportation & Warehousing, Health Care & Social Assistance, Wholesale-agent/broker, Real Estate, Manufacturing, Finance & Insurance, Accommodation & Food Service, Wholesale-other, Retail, Other (specify)

Activity

Please describe in detail the type of business you will be transacting:

Sage International, Inc. respects your privacy and understands the trust you place in us to safeguard your personal information. You can be assured that any information you share with us is used only to conduct Sage International business. We do not sell or share your information with other companies to offer their products and services to you. To prevent unauthorized access to personal information and maintain data accuracy, we have put in place appropriate physical, electronic, and administrative procedures to safeguard and secure the information we maintain.