

DO NOT STAPLE

Sec. 179.185  
Wis. Stats.

State of Wisconsin  
Department of Financial Institutions  
Division of Corporate and Consumer Services



## RESTATED CERTIFICATE OF LIMITED PARTNERSHIP

A. The following restated Certificate of Limited Partnership of

\_\_\_\_\_  
(Limited partnership name prior to any change effected by this restatement)

duly adopted pursuant to the authority and provisions of sec. 179.185 of the Wisconsin Statutes, supercedes and takes the place of the original certificate of limited partnership, filed \_\_\_\_\_ (date), and any amendments or restatements thereto:

**Article 1.** Name of the limited partnership (must contain the words "limited partnership" or the abbreviation "L.P." or "LP"):

**Article 2.** Street address (in Wisconsin) of the record office

Street:

City:

State:

**WI**

Zip code:

**Article 3.** Latest date upon which the limited partnership will dissolve:

**Article 4.** Name of agent for service of process:

**Article 5.** Street address (in Wisconsin) of the agent for service of process

Street:

City:

State:

**WI**

Zip Code:

**Article 6.** Other items (any other matters the General Partners determine to include) (OPTIONAL)

**Article 7.** Name and business address of each GENERAL partner (including new General Partners admitted in conjunction with this restatement):

<b>Name:</b>		
Street Address:		
City:	State:	Zip Code:
<b>Name:</b>		
Street Address:		
City:	State:	Zip Code:
<b>Name:</b>		
Street Address:		
City:	State:	Zip Code:

**B. Execution** (NOTE: If the restatement amends the Certificate of Limited Partnership to admit one or more new General Partner(s), the certificate must be signed by at least **one continuing** General Partner **and by each new General Partner**. Select and complete either item **1 or 2**, below, whichever is appropriate.)

**1.** This certificate does not designate a new General Partner.

Name of <b>Continuing</b> General Partner:	
Signature:	Date:

**2.** This certificate designates a NEW General Partner.

Name of <b>Withdrawing</b> or <b>Continuing</b> General Partner:	
Signature:	Date:
Name of each <b>New</b> General Partner:	
Name:	
Signature:	Date:
Name:	
Signature:	Date:

This document was drafted by \_\_\_\_\_  
 (Name the individual who drafted the document)

RESTATED CERTIFICATE OF LIMITED PARTNERSHIP

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▲ Enter your return address within the bracket above.

Phone number during the day: (      ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS** (Ref. sec. 179.185, Wis. Stats., for document content)

Submit one signed copies along with the required filing fee of \$25.00 to the address listed below. Make checks payable to the “Department of Financial Institutions”. Filing fee is non-refundable.

<p><b>Mailing Address:</b>                  Department of Financial Institutions                  Division of Corporate &amp; Consumer Services                  P O Box 7846                  Madison WI 53707-7846</p>	<p><b>Physical Address for Express Mail:</b>                  Department of Financial Institutions                  Division of Corporate &amp; Consumer Services                  201 W. Washington Ave – Suite 300                  Madison WI 53703</p>	<p>Phone: 608-261-7577                  FAX: 608-267-6813                  TTY: 711</p>
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**NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

Item A. Enter the name of the limited partnership prior to any change effected by this restatement, and provide the date of filing of the original Certificate of Limited Partnership.

Articles 1 thru 7. Enter the text of the certificate of limited partnership, as amended. The text must contain the information specified for Articles 1 through 5, and Article 7, and may contain additional information in Article 6 or additional articles that you create in the document.

Item B. Two options are provided for executing the document.

1. If the restatement **does not admit a new General Partner**, complete section 1 by entering the name and signature of the continuing General Partner executing the amendment.
2. If the restatement **admits one or more new General Partner(s)**, complete section 2 by entering the name and signature of one continuing General Partner (or the withdrawing General Partner) and the name, business address and signature of each new General Partner.

Any person may sign the restated certificate by an attorney-in-fact.

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped in a legible manner. If the document is not executed in Wisconsin, enter that remark.