



FORM **601**
 Mandatory

Statement of Partnership Authority
General or Limited Liability Partnership

Sec. 178.0303 Wis. Stats.

Executed by the undersigned to make known that the following partnership has elected to file with the Department of Financial Institutions a Statement of Partnership Authority:

1. Name of the partnership:
2. Jurisdiction under who's laws this partnership is formed (state or country):
3. Street and mailing addresses of its principal office (General Partnership):
4. Registered agent name registered office address in Wisconsin (Limited Liability Partnership):

- 5. Statements on authority, or limitations on authority, per sec. 178.0303(1)(c) and/or (d). Please attach such statement(s) labeled Article 4.
- 6. This document is to be signed by a person(s) authorized by the partnership:

Execution date: _____

 (Authorized person's signature)

 (Authorized person's signature)

 (Typed or printed name and title)

 (Typed or printed name and title)



OFFICE USE ONLY

STATEMENT OF PARTNERSHIP AUTHORITY

▲ Please provide an email or postal mailing address for the filed copy of the document.

Your **phone number** during the day: _____

INSTRUCTIONS (Ref. sec. 178.0303, Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check or money order \$100.00 filing fee payable to the department. Please check box, and include additional \$25.00, if requesting optional expedited service. Filing fee is **non-refundable**. (If sent by Express or Priority U.S. mail, please visit www.wdfi.org/contact_us/ for current physical address). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 711 for TTY.

1. The name of the partnership.
2. State the name of the state or country under who's laws this partnership has been formed.
3. If the partnership is not a limited liability partnership, the street and mailing addresses of its principal office.
4. If the partnership is a limited liability partnership a registered agent and registered office address in Wisconsin. The partnership may not name itself as registered agent. The registered office must be a physical address.
5. The purpose of this for is to set forth statements or limitations on authority. Attach the appropriate statements regarding authority, or limitations on the authority per sec. 178.0303(1)(c) and (d).
6. The document is to be executed by one or more persons authorized by the partnership.