



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Partnership Authority

Filing Fee \$25.00.

Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Partnership:</u>				
2. <u>Street Address of Chief Executive Office:</u>	Street Address	City	State	Zip Code
3. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address	City	State	Zip Code
(Complete 4A or 4B)	Name of Appointed Agent			
4A. <u>Name and Mailing Address of Appointed Agent:</u>	Mailing Address	City	State	Zip Code
OR				
4B. <u>Name and Mailing Address of All Partners:</u> (if more than 2 partners, see section 7 of this form)	Name of Partner			
	Mailing Address	City	State	Zip Code
	Name of Partner			
	Mailing Address	City	State	Zip Code
5. <u>Authority to Execute Instrument Transferring Real Property:</u> (if more than 4 partners, see section 7 of this form)	The following partners are authorized to execute an instrument transferring real property held in the name of the partnership:			
	Name of Partner	Name of Partner		
	Name of Partner	Name of Partner		
6. <u>Other Transactions:</u> (optional – may state authority or limitations of some or all partners)(to continue on another page, see section 7)				
7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	<input type="checkbox"/> Page(s) <input type="checkbox"/> Attached	To continue information from any section(s) of this form, please: 1. Mark the box at the left. 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued.		
8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page...see section 7)		I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE		
	Partner Signature	Partner Signature		
Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.				



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Amendment to Statement of Partnership Authority

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
<p>IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.</p> <p>* If adding new partners, provide names and mailing addresses.</p> <p>Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.</p>	



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Cancellation of Statement of Partnership Authority

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	



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Statement of Denial

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:

2. Statement of Partnership Authority date: Business ID Number:

3. Name as set forth in Statement of Partnership Authority, if different from current name:

4. Facts being denied:

5. Declaration and Signature:

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI
THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.

Signature of Partner (as authorized)

Date

IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.

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Statement of Dissociation

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. The following partner is dissociated from the above named partnership:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Partner Signature Date:	_____ Partner (if necessary) Date:
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Statement of Dissolution

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:

2. Statement of Partnership Authority date: Business ID Number:

3. Name as set forth in Statement of Partnership Authority, if different from current name:

4. The Partnership is dissolved and is winding up its business.
Further substance of dissolution:

5. Declaration and Signature:

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI
THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.

Signature of Partner (as authorized)

Date

IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.

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Statement of Qualification of Domestic Limited Liability Partnership

Filing Fee \$250.00.

Type or print legibly in blue or black ink. Please do not highlight or write above this line.

<p>1. <u>Name of Limited Liability Partnership:</u></p>	
<p>2. <u>Street Address of Chief Executive Office:</u></p>	<p>Street Address City State Zip Code</p>
<p>3. <u>Street Address of one Office Located in Mississippi, if any:</u></p>	<p>Street Address City State Zip Code</p>
<p>4. <u>Name and Street address of agent for service of process (required if partnership does not have an office in Mississippi)</u></p>	<p>Name of Appointed Agent</p> <p>Mailing Address City State Zip Code</p>
<p>5. <u>Deferred effective date, if any</u></p>	<p>Date</p>
<p>6. <u>The Partnership elects to be a limited liability partnership.</u></p> <p><u>Optional information:</u></p>	
<p>7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)</p>	<p style="text-align: right;">To continue information from any section(s) of this form, please:</p> <p><input type="checkbox"/> Page(s) 1. Mark the box at the left.</p> <p><input type="checkbox"/> Attached 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued.</p>
<p>8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page...see section 7)</p>	<p>I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE</p> <p>_____ Partner Signature _____ Partner Signature</p>
<p>Submit completed form along with the filing fee of \$250.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.</p>	



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**Amendment to Statement of Qualification of Domestic
Limited Liability Partnership**

Filing Fee \$50.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of a Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.	
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Cancellation of Statement of Qualification of Domestic Limited Liability Partnership

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of Limited Liability Partnership currently on file:	
2. Statement of Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
<p>IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.</p> <p>Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.</p>	



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Amendment to Statement of Qualification Of Foreign
Limited Liability Partnership

Filing Fee \$50.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of a Qualification date:	and Business Id Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.	
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Cancellation of Statement of Qualification of Foreign
Limited Liability Partnership

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of Qualification currently on file:	
2. Statement of Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
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STATEMENT OF MERGER

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Domestic partnership and other entities that are a party to the merger; including entity types. (partnerships, limited partnerships, corporations etc):</u>	Name of Domestic Partnership Name of other entity Entity Type Name of other entity Entity Type Name of other entity Entity Type
2. <u>Domicile of surviving entity and entity type</u>	Name of Surviving Entity Entity Type
3. <u>Street Address of Chief Executive Office:</u>	Street Address City State Zip Code
4. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address City State Zip Code
5. <u>Continuing Sections:</u> <i>(to continue information from any section, mark box and follow instructions)</i>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Page(s) Attached </div> <div style="width: 65%;"> To continue information from any section(s) of this form, please: 1. Mark the box at the left. 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued. </div> </div>
6. <u>Signatures:</u> <i>(must be executed by at least 2 partners)(to continue on another page...see section 6)</i>	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-bottom: 10px;"> Partner Signature Title </div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black;"> Partner Signature Title </div>
Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	