

PLEASE TYPE OR PRINT CLEARLY

**Form Submitted By**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- Entity Type: Limited Partnership
- Jurisdiction of Formation: \_\_\_\_\_
- Speed (check one):  Expedited Service  Regular Service
- Check Service(s):  Formation Only  Corporate Kit  Federal Tax ID  Seal (optional)
- Company Name *Add applicable corporate suffix – for example: “LP”*  
 First Choice: \_\_\_\_\_  
 Alternate Choice: \_\_\_\_\_
- Company Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- (a) Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 (b) Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

8. Name(s) of General Partner(s) and their street/mailling address(es). For additional Partners, please attach a separate sheet.

Name(s)	Street/Mailing Address(es)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Call In, Fax or Mail this Order Form.**

Corporate Creations, 11380 Prosperity Farms Rd #221E, Palm Beach Gardens, FL 33410 Phone (561) 694-8107 Fax (561) 694-1639

[www.CorporateCreations.com](http://www.CorporateCreations.com)

9. Name(s) of Limited Partner(s), their street/mailling address(es) and ownership percentage *OPTIONAL*

Name(s)	Street/Mailing Address(es)	%
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Federal Tax ID. *Social Security Number or FEIN is needed for a General Partner (if applicable).*

Individual or Company Name \_\_\_\_\_  SSN or  FEIN: \_\_\_\_\_

11. Principal Business Activity: \_\_\_\_\_

12. Registered Agent will be Corporate Creations or its designee unless you specify otherwise.

\_\_\_\_\_

13. Payment by:  Visa  Mastercard  American Express  Discover  Check

Account Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

14. Referred by: Name: \_\_\_\_\_ Company: \_\_\_\_\_

15. Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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