

## SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: WWW.concord-sots.ct.gov

## STATEMENT OF PARTNERSHIP AUTHORITY

## CONNECTICUT PARTNERSHIP

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 81/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDR	RESS):	FILING FEE: \$120		
	/	MAKE CHECKS PAYABLE TO "SECRETARY		
NAME:		OF THE STATE"		
ADDRESS:				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CITY:				
STATE: ZIP:				
1. NAME OF THE PARTNERSHIP:				
2. ADDRESS OF THE PARTNERSHIP'S CHIEF EXECUTIVE OFFICE:				
ADDRESS:				
CITY:				
STATE: ZIP:				
A ADDDESS OF OFFICE IN COMMENTALITY OF				
3. ADDRESS OF OFFICE IN CONNECTICUT (IF ANY):				
ADDRESS:				
CITY:				
STATE: ZIP:				
4. REFERENCE AND ATTACH NAMES AND MAILING ADDRESSES OF ALL PARTNERS (OR) PROVIDE THE NAME AND MAILING ADDRESS FOR THE AGENT OF THE PARTNERSHIP BELOW:				
NAME OF AGENT:	AGENT ADDRES	S:		
	ADDRESS:			
	CITY:			
	STATE:	ZIP:		

5. REFERENCE AND ATTACH THE NAMES OF THE PARTNERS WHO ARE AUTHORIZED TO EXECUTE AN INSTRUMENT TRANSFERRING REAL PROPERTY HELD IN THE NAME OF THE PARTNERSHIP

6. PARTNERSHIP EMAIL ADDRESS - REQUIRED: (IF NONE, MUST STATE "NONE.")				
7. EXECUTION BY AT LEAST TWO PARTNERS:				
DATED THIS	DAY OF	20,		
WE HEREBY DECLARE UNDER THE PENALTIES OF FALSE STATEMENT THAT THE STATEMENTS MADE IN THE FOREGOING DOCUMENT ARE TRUE				
NAMES OF SIGNING PARTNERS (print or type)	SIGNATURES			

FORM GPSA-1-1.0 Rev. 1/1/2015