



Secretary of the State of Connecticut

PHONE: [860-509-6003](tel:860-509-6003) WEBSITE: business.ct.gov EMAIL: bsd@ct.gov

STATEMENT OF PARTNERSHIP AUTHORITY

CONNECTICUT PARTNERSHIP - USE INK. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: ADDRESS: CITY: STATE: ZIP CODE: EMAIL: TELEPHONE NUMBER:		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF THE PARTNERSHIP:		
2. ADDRESS OF THE PARTNERSHIP'S CHIEF EXECUTIVE OFFICE: ADDRESS: CITY: STATE: ZIP CODE:		
3. ADDRESS OF OFFICE IN CONNECTICUT (IF ANY): ADDRESS: CITY: STATE: CT ZIP CODE:		
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 ADDRESS: ADDRESS: CITY: STATE: CT ZIP CODE:	
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