



# Arkansas Secretary of State

## John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

**Instructions:** File with the Secretary of State, State Capitol, Little Rock, Arkansas 72201-1094 with payment of fees. A copy will be returned to the partnership at the listed address.

**PLEASE TYPE OR CLEARLY PRINT IN INK**

### STATEMENT OF PARTNERSHIP AUTHORITY

The undersigned, pursuant to Act 1518 of 1999 and A.C.A. § 4-46-101 et seq., sets forth the following:

1. The name of the General Partnership is: \_\_\_\_\_

\_\_\_\_\_

2. The street address of the Chief Executive Office of the General Partnership and street address of the Arkansas office, if there is one:

\_\_\_\_\_

\_\_\_\_\_

3. The name and physical address of the agent for service of process for the General Partnership:

\_\_\_\_\_ Arkansas \_\_\_\_\_  
(name) (address) (zip code)

4. The name and mailing address of each Partner is (Attach additional documents if necessary):

\_\_\_\_\_ (name) (address)

\_\_\_\_\_ (name) (address)

5. Names of Partners authorized to execute an instrument transferring real property owned by the General Partnership:

\_\_\_\_\_ (name) (address)

\_\_\_\_\_ (name) (address)

\_\_\_\_\_ (name) (address)

6. Limitations of authority of some or all partners regarding any other transaction of partnership: (Attach separate sheet if necessary)

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

Authorizing Officers (Type or Print): \_\_\_\_\_

Authorized Signature \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)

Authorized Signature \_\_\_\_\_ (Partner) \_\_\_\_\_ (Date)