

**Form must be filed electronically.**

Paper forms are not accepted.

This copy is a sample and cannot be submitted for filing.

**Statement of Conversion**

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP/Postal Code)*

\_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country)*

Mailing address \_\_\_\_\_  
**(leave blank if same as street address)** *(Street number and name or Post Office Box information)*

\_\_\_\_\_

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_ *(ZIP/Postal Code)*

\_\_\_\_\_ *(Province – if applicable)* \_\_\_\_\_ *(Country)*

2. The entity name of the resulting entity is \_\_\_\_\_.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_.  
*(mm/dd/yyyy hour:minute am/pm)*

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed

of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing this document to be delivered for filing are

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Suffix)
_____			
(Street number and name or Post Office Box information)			
_____			
_____		_____	_____
(City)		(State)	(ZIP/Postal Code)
_____		_____	_____
(Province – if applicable)		(Country)	

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

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**Certificate of Limited Partnership**

filed pursuant to § 7-62-201 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited partnership is

\_\_\_\_\_  
*(The name of a limited partnership must contain the term or abbreviation "limited partnership", "limited", "company", "l.p.", "lp", "ltd." or "co.". See §7-90-601, C.R.S.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited partnership's initial principal office is

Street address

\_\_\_\_\_  
*(Street number and name)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*  
\_\_\_\_\_  
*(Province – if applicable) (Country)*

Mailing address

**(leave blank if same as street address)**

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*  
\_\_\_\_\_  
*(Province – if applicable) (Country)*

3. The registered agent name and registered agent address of the limited partnership's initial registered agent are

Name

(if an individual)

\_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

**OR**

(if an entity)

*(Caution: Do not provide both an individual and an entity name.)*

Street address

\_\_\_\_\_  
*(Street number and name)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) CO (State) (ZIP/Postal Code)*

Mailing address

**(leave blank if same as street address)**

\_\_\_\_\_  
*(Street number and name or Post Office Box information)*  
\_\_\_\_\_  
\_\_\_\_\_  
*(City) CO (State) (ZIP/Postal Code)*

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the general partner are

Name  
(if an individual)

\_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

**OR**

(if an entity)  
(Caution: Do not provide both an individual and an entity name.)

\_\_\_\_\_

Mailing address

\_\_\_\_\_  
(Street number and name or Post Office Box information)

\_\_\_\_\_

\_\_\_\_\_  
(City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited partnership has one or more additional general partners and the name and mailing address of each additional general partner are stated in an attachment.

5. (The following statement is adopted by marking the box.)

There are at least two partners in the partnership, at least one of whom is a limited partner.

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

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(mm/dd/yyyy hour:minute am/pm)

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8. The true name and mailing address of the individual causing the document to be delivered for filing are

_____	_____	_____	_____
(Last)	(First)	(Middle)	(Suffix)
_____			
(Street number and name or Post Office Box information)			
_____			
_____	_____	_____	
(City)	(State)	(ZIP/Postal Code)	
_____		_____	
(Province – if applicable)		(Country)	

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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