

**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Certificate of Domestication-Foreign**  
(15 Pa.C.S.)

- Limited Partnership (§ 8590)  
 Limited Liability Company (§ 8982)

Name		
_____		
Address		
_____		
City	State	Zip Code
_____	_____	_____

**Document will be returned to the name and address you enter to the left.**  
←

Fee: \$125

In compliance with the requirements of the applicable provisions (relating to domestication of foreign limited partnership/limited liability company), the undersigned, desiring to become a domestic limited partnership/limited liability company, hereby states that:

1. The name of the limited partnership/limited liability company is:

\_\_\_\_\_

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and street	City	State	Zip	County
_____				
(b) Name of Commercial Registered Office Provider	County			
c/o:	_____			

3. Check one of the following:

*Limited Partnership*: Upon domestication, the limited partnership will be subject to the domestic limited partnership provisions of the Pennsylvania Revised Uniform Limited Partnership Act.

*Limited Liability Company*: Upon domestication, the limited liability company will be subject to the domestic limited liability company provisions of the Pennsylvania Limited Liability Company Law of 1994.

4. *Strike out if inapplicable; otherwise check and, if applicable, complete, one or more of the following:*

\_\_\_ The purpose or purposes for which the limited partnership/limited liability company to be domesticated in the Commonwealth of Pennsylvania are:

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\_\_\_ The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania include unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.

\_\_\_ The purposes for which the limited partnership/limited liability company is to be domesticated in the Commonwealth of Pennsylvania consists of unlimited power to engage in and to do any lawful act concerning any and all lawful business for which limited partnerships/limited liability companies may be organized under the Pennsylvania Revised Uniform Limited Partnership Act/Pennsylvania Limited Liability Company Law of 1994.

5. The filing of this Certificate of Domestication and, if desired, the renunciation of the original certificate of limited partnership/organization has been authorized by a majority vote of the votes cast by all partners/members entitled to vote thereon and, if any class of partners/members is entitled to vote thereon as a class, a majority of the votes cast in each class vote, or by any greater vote required by its certificate or other organic document.

6. *Strike out if inapplicable:*  
This Certificate of Domestication includes the additional provisions set forth in full in Exhibit A attached hereto and made a part hereof.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Domestication to be executed this

\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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Name of Limited Partnership/Limited Liability Company

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Signature

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Title



**Department of State  
Corporation Bureau  
P.O. Box 8722  
Harrisburg, PA 17105-8722  
(717) 787-1057  
Web site: [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps)**

**Instructions for Completion of Form:**

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$125 made payable to the Department of State.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
  - (1) One copy of a completed form DSCB:15-134A (Docketing Statement).
  - (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation or Use of Similar Name).
  - (3) Any necessary governmental approvals.
- D. This form shall be executed in the English language.
- E. There is no official publication requirement incident to the filing of this form.
- F. If the name is in a foreign language, the name as set forth in Paragraph 1 shall be set forth in Roman letters or characters or in Arabic or Roman numerals.
- G. This form and all accompanying documents shall be mailed to the address stated above.