

**Form 207
(Revised 12/21)**

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
[Instructions](#)
Filing Fee: \$750

This space reserved for office use.



**Certificate of Formation
Limited Partnership**

Article 1 – Entity Name and Type

The filing entity being formed is a limited partnership. The name of the entity is:

The name must contain the words “limited,” “limited partnership,” or an abbreviation of that word or phrase. The name of a limited partnership that is also a limited liability partnership must also contain the phrase “limited liability partnership” or “limited liability limited partnership” or an abbreviation of one of those phrases.

Article 2 – Registered Agent and Registered Office

(Select and complete either A or B and complete C)

A. The initial registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

First Name

M.I.

Last Name

Suffix

C. The business address of the registered agent and the registered office address is:

TX

Street Address

City

State

Zip Code

Article 3—Governing Authority

(Provide the name and address of each general partner.)

The name and address of each general partner are set forth below:

GENERAL PARTNER 1

NAME (Enter the name of either an individual or an organization, but not both.)
IF INDIVIDUAL

First Name

M.I.

Last Name

Suffix

OR

IF ORGANIZATION

Organization Name

ADDRESS

Street or Mailing Address

City

State Country Zip Code

GENERAL PARTNER 2			
NAME (Enter the name of either an individual or an organization, but not both.)			
IF INDIVIDUAL			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
 <i>Organization Name</i>			
ADDRESS			
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>
<i>Zip Code</i>			
 GENERAL PARTNER 3			
NAME (Enter the name of either an individual or an organization, but not both.)			
IF INDIVIDUAL			
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
OR			
IF ORGANIZATION			
 <i>Organization Name</i>			
ADDRESS			
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>
<i>Zip Code</i>			

Article 4—Principal Office

The address of the principal office of the limited partnership in the United States where records are to be kept or made available under section 153.551 of the Texas Business Organizations Code is:

USA

Street or Mailing Address *City* *State* *Country* *Zip Code*

Initial Mailing Address

Initial Mailing Address
(Provide the mailing address to which state franchise tax correspondence should be sent.)

Mailing Address *City* *State* *Zip Code* *Country*

Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.]

1. **What is the primary purpose of the study?** (10 points)

2. **What are the key variables being studied, and how are they measured?** (10 points)

3. **What statistical methods are used to analyze the data, and what are the results?** (10 points)

4. **What are the main findings of the study, and what are the implications?** (10 points)

5. **What are the strengths and limitations of the study?** (10 points)

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. This document takes effect upon the occurrence of the future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned general partner affirms that the person designated as registered agent has consented to the appointment. The undersigned also affirms that, to the best knowledge of the undersigned, the name provided as the name of the filing entity does not falsely imply an affiliation with a governmental entity. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized to execute the filing instrument.

Date: _____

Signature for each general partner:
