

Instructions: Form SS-9416

Application for Registration of Foreign Limited Partnership Name



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee

Submission Options

An Application for Registration of Foreign Limited Partnership Name may be filed using one of the following methods:

Paper submission: A blank Application for Registration of Foreign Limited Partnership Name may be obtained by going to <https://sos.tn.gov> and entering SS-9416 in the search bar; by emailing the Secretary of State at TNSOS.CORPINFO@tn.gov, or by calling (615)741-2286. The Application for Registration of Foreign Limited Partnership Name should be typed or hand printed in dark blue or black ink.

Walk-in: A blank Application for Registration of Foreign Limited Partnership Name form may be obtained in person at the address listed below.

If submitting by mail, send the completed form and filing fee together in the same envelope. Mail to:

Tennessee Secretary of State
ATTN: Corporate Filing
312 Rosa L. Parks Ave FL 6
Nashville TN 37243

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. The filing office cannot give legal advice.

Completing the Form

- LIMITED PARTNERSHIP NAME:** Enter the exact legal name of the Limited Partnership in its home jurisdiction.
- IF DIFFERENT, THE NAME TO BE REGISTERED IN THE STATE OF TENNESSEE:** Pursuant to T.C.A. § 61-3-1006, a foreign limited partnership whose name does not comply with T.C.A. § 61-3-112 shall not register to do business in this state until the foreign limited partnership adopts, for the purpose of doing business in this state, an alternate name that complies with T.C.A. § 61-3-112.

Enter the alternate name in this block. After registering to do business in this state with an alternate name, a foreign limited partnership shall do business in this state under either the alternate name; or the foreign limited partnership's name, with the addition of the foreign limited partnership's jurisdiction of formation.

- 3. ADDRESS:** Enter the complete address of the Limited Partnership. The address will be verified and formatted to United States Postal Service address deliverability guidelines. If the address cannot be recognized as deliverable by United States Postal Service, the form will be rejected by the Division of Business Services.
- 4. HOME JURISDICTION:** Enter the jurisdiction in which this Foreign Limited Partnership was formed.
- 5. FORMATION DATE:** Enter the month, day and year the Limited Partnership formed in the home jurisdiction.

Signature

The person executing the document must sign and date in the appropriate space. Type or print the signature name and the capacity of signer. Failure to do so will result in the form being rejected.

Filing Fee

The filing fee is \$20.00 per Application for Registration of Foreign Limited Partnership Name.

Make check, cashier's check or money order payable to the Tennessee Secretary of State. Cash is only accepted for walk-in filings. Requests submitted without the proper filing fee or made payable to an entity other than the Tennessee Secretary of State will be rejected.

**APPLICATION FOR REGISTRATION OF FOREIGN
LIMITED PARTNERSHIP NAME**

SS-9416



Tre Hargett
Secretary of State

**Division of Business Services
Department of State
State of Tennessee**
ATTN: Corporate Filing
312 Rosa L. Parks Ave, 6th FL
Nashville, TN 37243-1102
(615) 741-2286

Filing Fee: \$20.00

For Office Use Only

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of § 61-3-114 of the Tennessee Uniform Limited Partnership Act of 2017, the undersigned limited partnership hereby applies for the registration of its limited partnership name for one year after the date of the registration.

1. Limited Partnership name: _____

2. If different, the name to be registered in the State of Tennessee:

Note: The name must be distinguishable upon the records of the Secretary of State under T.C.A. § 61-3-112 of the Tennessee Uniform Limited Partnership Act of 2017.

3. Address: _____

City: _____ ST: _____ Zip Code: _____

4. Home Jurisdiction: _____

5. Formation date: / /
Month Day Year

Signature

Title/Signer's Capacity

Printed Name

Date

Submitter Name: _____ Phone #: (_____) _____ - _____