



**FRANCISCO V. AGUILAR**  
**Secretary of State**  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

## Instructions for Statement of Partnership Authority

**IMPORTANT: READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM.**

TYPE or PRINT the following information and submit the filing with Customer Order Instruction Form and payment:

**In the title box please indicate the Statement being filed:**

Formation: complete sections 1, 3, 4, 5, 6, 7 and 12.

Dissociation: complete sections 1, 2, 8 and 12.

Denial: complete sections 1, 2, 9 and 12.

Amendment: complete sections 1, 2, 10 and 12.

Cancellation: complete sections 1, 2, 11 and 12.

**1. PARTNERSHIP INFORMATION:** Name of the partnership. If the Partnership is already on file, enter the current name as on record with the Nevada Secretary of State and enter the Entity or Nevada Business Identification Number (NVID).

**2. FILE DATE:** File Date of Partnerships Currently on record with the Nevada Secretary of State.

**3. CHIEF EXECUTIVE OFFICE:** Enter the address of the Executive Office of the Partnership.

**4. ONE OFFICE IN THIS STATE:** If the Partnership has an office within the state, indicate the address.

**5. ALL PARTNERS OR APPOINTED AGENT MAINTAINED BY THE PARTNERSHIP:** Enter the names of the Partners or name of Appointed Agent and address(es). If there are more than two partners, an additional page with the required information may be attached.

**6. PARTNERS AUTHORIZED TO EXECUTE:** Enter the names of the partners that are authorized to execute an instrument transferring real property. Must list at least two. If there are more than four partners authorized to execute, an additional page may be attached.

**7. OTHER AUTHORITY OR LIMITATIONS ON THE AUTHORITY:** This section is optional. In the field provided list the authority or limitations of some or all partners.

**8. DISSOCIATION:** Indicate the name of the partner that will be dissociated from the partnership.

**9. STATEMENT OF DENIAL:** Enter the fact(s) being denied.

**10. AMENDMENT:** Indicate what changes are being made to the statement, provide section number(s) if available.

**11. CANCELLATION:** Indicate the substance of cancellation.

**12. SIGNATURE:** Must be signed by an Partner. Form will be returned if unsigned.



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

ABOVE SPACE IS FOR OFFICE USE ONLY

# Statement of Partnership Authority

**NRS 87.4318, 87.4327, 87.4328 and 87.4349,**

The Statement completes the following:

☐ Formation ☐ Dissociation ☐ Denial ☐ Amendment ☐ Cancellation

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Partnership Information:</b>	Name of Partnership: <input type="text"/>  Entity or Nevada Business Identification Number (NVID): <input type="text"/> (If entity currently on file)
<b>2. File Date:</b>	File date of Partnership currently on record: <input type="text"/>
<b>3. Chief Executive Office:</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip/Postal Code  Country <input type="text"/>
<b>4. One Office in this State, if there is one:</b>	<input type="text"/> <input type="text"/> Nevada <input type="text"/> Street Address City Zip Code
<b>5. All Partners or Appointed Agent Maintained by the Partnership:</b>	1) <input type="text"/> <input type="text"/> Name of Partner or Appointed Agent Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address City State Zip/Postal Code  2) <input type="text"/> <input type="text"/> Name of Partner Country <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mailing Address City State Zip/Postal Code
<b>6. Partners Authorized to Execute an Instrument Transferring Real Property:</b>	<input type="text"/> <input type="text"/> Partners Name (Required) Partners Name (Required)  <input type="text"/> <input type="text"/> Partners Name Partners Name
<b>7. Other Authority, or Limitations on the Authority:</b>	
<b>8. Dissociation:</b>	The Following Partner is Dissociated from the Partnership: <input type="text"/>
<b>9. Statement of Denial:</b>	Facts(s) being denied:  



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

## **Statement of Partnership Authority**

**NRS 87.4318, 87.4327, 87.4328 and 87.4349,**

<b>10. Amendment:</b>	The statement has been amended as follows: (provide section number, if available)
<b>11. Cancellation</b>	Substance of Cancellation:
<b>12. Signature of Partner:</b>	<p>I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.</p> <p><b>X</b> _____ <input type="text"/> Signature of Partner Date</p>

**Please include any required or optional information in space below:**  
(attach additional page(s) if necessary)



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested: ☐ Regular ☐ 24-Hour Expedite (additional fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:** (email or fax options do not receive a copy via mail; must be ordered separately)

☐ Email to:

☐ Fax to:

☐ Hold for Pick Up

☐ Mail to Address Above

☐ FedEx: Acct #

☐ Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐ Check/Money Order ☐ Credit Card (attach ePayment checklist)

☐ Trust Account:

☐ Use balance remaining in job #



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## 1 or 2-Hour Expedite Customer Order Instructions

SUBMIT THIS COMPLETED FORM WITH YOUR FILING

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Processing  
Service Requested:

☐

2-Hour Expedite  
(additional **\$500.00** fee included)

☐

1-Hour Expedite  
(additional **\$1000.00** fee included)

Name of Entity:

Date:

Return to:

Contact Name:

Phone:

**Return Delivery:**

☐

Email to:

☐

Fax to:

☐

Hold for Pick Up

☐

Mail to Address Above

☐

FedEx: Acct #

☐

Other: (explain below)

Order Description: (include items being ordered and fee breakdown)\*

**\*PLEASE NOTE:** this office keeps the original paperwork. The first file stamped copy ordered at the time of filing is at no charge. Each additional copy is **\$2.00** per page (plus **\$30.00** for each certification).

Total Amount:

Method of Payment:

☐

Check/Money Order

☐

Credit Card (attach ePayment checklist)

☐

Trust Account:

☐

Use balance remaining in job #



**FRANCISCO V. AGUILAR**  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## **24-hour, 2-hour and 1-hour Expedite Service Guidelines**

***IMPORTANT: To ensure expedited service, please mark "Expedite" in a conspicuous place at the top of the service request. Please indicate method of delivery.***

### **24-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 24-hour expedite service on most filings processed by this office. If you choose to utilize this service, please enclose with your filing the additional expedite fee. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Check the 24-hour expedite box on your customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 24-hour expedited service, include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made. This office *does not* fax confirmation of a 24-hour expedite.

The fee for 24-hour handling ranges from \$25.00 to \$125.00. Please consult our fee schedules for the appropriate 24-hour expedite fee. If you require assistance, please contact this office.

**Time Constraints:** Each filing submitted receives same day filing date and may be picked up within 24-hours. Filings to be mailed the next business day if received by 2:00 pm of receipt date and no later than the 2nd business day if received after 2:00 pm. Expedite period begins when filing or service request is received in this office in fileable form.

### **2-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 2-hour expedite service on most filings processed by this office. If you choose to utilize the 2-hour expedite service, please enclose with your filing an additional \$500.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 2-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 2-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

### **1-HOUR EXPEDITE SERVICE**

The Secretary of State offers a 1-hour expedite service on most filings processed by this office. If you choose to utilize the 1-hour expedite service, please enclose with your filing an additional \$1000.00 per filing and/or order. Please note that this expedite fee is in addition to the standard fee charged on each filing and/or order. Complete and submit the 1-hour customer order instruction form. If not using our order form, state clearly in your cover letter that you are requesting 1-hour expedited service and include your telephone number and return information. Attach the order form or cover sheet to the *top* of your filing and submit to this office. Each filing will be returned by U.S.P.S. regular mail unless other arrangements are made.

**1-Hour and 2-Hour Time Constraints:** Each filing submitted for either 1-hour or 2-hour expedite receives same day filing date and will be acknowledged by fax or e-mail within expedite service time. Failure to indicate method of acknowledgment (e-mail) or to provide a correct e-mail address may prevent the Secretary of State from acknowledging the filing of such documents. Filings may be picked up within the expedite service period. Filings to be mailed will be mailed out no later than the next business day following receipt. Expedite period begins when filing or service request is received in this office in complete filing condition.

**The Secretary of State reserves the right to extend the expedite period in times of extreme volume, staff shortages or equipment malfunction. These extensions are few and will rarely extend more than a few hours.**



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

### Processing Requested:

- ☐ Regular      ☐ 24-HOUR Expedite      ☐ 4-HOUR Expedite (Apostille only)  
☐ 2-HOUR Expedite      ☐ 1-HOUR Expedite      ☐ Same Day (Domestic Partnership only)

### Order Information (required)

Entity Name/Order Reference: \_\_\_\_\_

Cardholder Name (as shown on credit card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Last 4 Digits of Credit Card: \_\_\_\_\_ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: \_\_\_\_\_

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

### Authorized Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

#### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Security Code\*: \_\_\_\_\_  
\*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!  
This section will be destroyed after the payment is processed.