

# Woods Wealth Advisors



Business Structuring &  
Family Wealth Advising

R & C Woods Inc

# Rick Woods, CEP

*Certified Estate Planner*

1030 N. Center Parkway • Kennewick, WA 99336

Office (509) 586-7777 Cell (509) 586-8017 Fax (866) 857-6422

Rick@WoodsWealthAdvisors.com

www.WoodsWealthAdvisors.com

## LIMITED PARTNERSHIP

Form 5

### INCLUDES EVERYTHING YOU NEED TO BEGIN OPERATING SUCCESSFULLY

- Clearance of Limited Partnership name prior to filing
- Preparation and filing of Certificate of Limited Partnership
- Certificate of Limited Partnership state filing fee
- Application for Federal Tax ID Number
- Deluxe Company Minute Book  
*includes Limited Partnership Agreement with Schedule A, preprinted Limited Partnership Interest Certificates*
- Special Report: How to Properly Manage a Limited Partnership
- First-year Resident Agent Service (NV, WY, CA only)
- Ongoing support

## LIMITED PARTNERSHIP INFORMATION

NAME OF LIMITED PARTNERSHIP

Limited Partnership

Second Name choice

\_\_\_\_\_ Limited Partnership

STATE of LP filing

Sage International, Inc. is not responsible for federal and/or state trademark searches or applications on the use of your proposed name. Filing your company name with the state does not provide or guarantee protection for its use. We recommend you seek the services of an attorney who specializes in intellectual property law to protect all trademarks, service marks, copyrights and patents.

Name

Address

City, ST, ZIP

Phone

Fax

E-mail

Website

Same as above

MAIN MAILING  
ADDRESS

TO:

Address

City, ST, ZIP

Same as above

SHIPPING  
ADDRESS  
for LP kit

TO:

Address

City, ST, ZIP

**NO PO Box**

Business

Residence

*If shipping UPS Ground, adult signature is required*

Is this a Family Limited Partnership?    Yes    No

*NOTE: If yes, ALL partners must be related*

Do you have a revocable living trust?

Yes    No

*Simplicity ... Service ... Empowerment!*



## REGISTERED AGENT

- **Must be in state of organization**
- **No Post Office Box**

**Sage International, Inc.** – *Nevada, California and Wyoming only*  
***ALL other states, please complete the information below***

<b>Name</b>	<b>Address</b>	<b>Phone</b>
	City, ST, ZIP	<b>Fax</b>
	County	<b>E-mail</b>

  

<b>LIFE OF ENTITY</b>	Perpetual duration  - OR -  Dissolution date
-----------------------	--

## NATURE OF BUSINESS

Please describe in detail the type of business your company will transact:

## NEVADA BUSINESS

If forming a Nevada Corporation and using the Sage Business Presence Service, please provide the following information for the Nevada and City of Reno business license applications:

Nature of business:                      Service                      Sales (of tangible personal property **IN NEVADA**)  
 Estimated total monthly receipts: \$  
 Estimated total Nevada monthly TAXABLE receipts: \$  
 If your business operation is in Nevada, is your business home-based?      Yes      No      City

<b>EMPLOYEES</b>	Highest number expected to hire in the next 12 months ---▶ <i>If you do not intend to have any employees, during the period, enter 0</i>	Agricultural	Household	Other
	Date wages expected to commence			

**Simplicity ... Service ... Empowerment!**