**Instructions to Form UPA-93 – Statement of Partnership Authority**

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| **Filing Requirements** |
| If the partnership was previously authorized or registered to transact business in Virginia as a foreign corporation, limited liability company, business trust, limited partnership or registered limited liability partnership, with respect to every such prior authorization or registration, set forth, ***in an attachment***, the name of the entity, the entity type (e.g., limited partnership), the state or other jurisdiction of incorporation, organization or formation; and the identification number that was issued to the entity by the Commission. |
| **Required Fees** | **Filing Fee: $25.00** |
| **File Online Today** | **Paper Filing** |
| Visit <https://cis.scc.virginia.gov> to file the statement of partnership authority in real time.**Questions?**Visit the CIS help page at <https://scc.virginia.gov/pages/CIS-Help> for how-to guides, answers to frequently asked questions, and helpful videos. | Download from <https://scc.virginia.gov/pages/Virginia-and-Foreign-Partnerships> complete, print, and mail or deliver to below address:**State Corporation Commission** **Courier Delivery Address**Clerk’s Office 1300 E. Main St, 1st floorP.O. Box 1197 Richmond, VA 23219Richmond, VA 23218-1197 |
| Pay online with a credit card or eCheck. No additional processing fees apply for filing online. | Include a check payable to State Corporation Commission. **DO NOT SEND CASH**.  |

This form may be modified to provide for additional partner listings and signatures.

Set forth the SCC ID number that was previously issued to the partnership by the Commission, if any. (This would have occurred if the partnership (i) previously filed a statement of partnership authority that has been canceled, or (ii) previously registered for status as a registered limited liability partnership.)

If the statement names an agent in paragraph 7 in lieu of naming partners, the agent shall maintain a list of the names and mailing addresses of all the partners and make it available to any person on request for good cause shown. See § 50-73.93 B of the Code of Virginia.

The statement must designate the name(s) of the partner(s) authorized to execute an instrument transferring an interest in real estate held in the name of the partnership. See § 50-73.93 A (1) (d) of the Code of Virginia. The name of one or more partners must be set forth in paragraph 8.

This statement must be signed by at least two partners. Each person signing this statement must set forth his or her printed name next to or beneath his or her signature. A person signing on behalf of a partner that is a business entity should set forth the business entity’s name, his or her printed name, and the capacity in which he or she is signing on behalf of the business entity. Any person may execute a statement by an attorney-in-fact. See § 50-73.83 C of the Code of Virginia.

***It is a Class 1 misdemeanor for any person to sign a document he or she knows is false in any material respect with the intent that the document be delivered to the Commission for filing. See § 50-73.83 C of the Code of Virginia.***

The person who files this statement must promptly send a copy of the statement to every nonfiling partner and to any other person named as a partner in the statement. See § 50-73.83 E of the Code of Virginia.

**NOTES**

This statement may, but is not required to, be filed with the State Corporation Commission. See § 50-73.83 A of the Code of Virginia. This statement does not constitute the formation of a partnership.

Unless earlier canceled, a filed statement of partnership authority is automatically canceled **five years** after the date on which the statement, its most recent renewal or its most recent amendment, was filed with the Commission. See § 50-73.93 G of the Code of Virginia.

**Important Information**

The statement must be in the English language, typewritten or legibly printed in black, using the following guidelines:

|  |  |  |
| --- | --- | --- |
| * use solid white paper
* size 8 1/2" x 11"
 | * one-sided
* no visible watermarks or background logos
 | * minimum 1.25" top margin and 0.75” all other sides
 |

**Do not include personally identifiable information**, such as a Social Security number, in a business entity document submitted to the Office of the Clerk for filing with the Commission. Information in these documents is available to the public. For more information, see Notice Regarding Personally Identifiable Information at [www.scc.virginia.gov/clk](http://www.scc.virginia.gov/clk).

Form **UPA-93** (rev 08/20)

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| SCC_mp - seal - no bgrd**Form** **UPA-93** (Rev. 08/20) State Corporation Commission  | **Statement of Partnership Authority** |  |

The undersigned, on behalf of the partnership set forth below, pursuant to Title 50, Chapter 2.2, Article 3 of the Code of Virginia, state as follows:

1. The name of the partnership is

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. The partnership’s SCC ID number (if one has been issued) is .

3. The partnership is formed under the laws of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (state or other jurisdiction)

4. **(Mark if applicable:)** 🞏 The partnership was previously authorized or registered with the Commission to transact business in Virginia as another type of foreign business entity. **(See Instructions.)**

5. The address, including the street and number, if any, of the partnership’s principal office is

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (number/street) (city or town) (state) (zip)

6. The address, including the street and number, if any, of one office of the partnership in Virginia (if any) is

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, VA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (number/street) (city or town) (zip)

7. **(Mark applicable box:)**

🞏 The names and mailing addresses of **all** of the partners are:

 Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

🞏 The name and mailing address of an agent, who was appointed by the partnership for the purpose of maintaining a list of the names and mailing addresses of all of the partners, are:

 Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **(Required:)** An instrument transferring real property held in the name of the partnership is authorized to be executed by the following partner(s): (The name of at least one partner is required.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (name) (name)

9. **(Optional – Mark if applicable:)** 🞏 The authority, or limitations on the authority, of some or all of the partners to enter into other transactions on behalf of the partnership, or other matters, are set forth in an attachment.

Signatures of partners (must be executed by at least two):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (printed name) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (signature) (printed name) (date)

Telephone number (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_