## CHERRY WAY DOCUMENT PREPARATION SERVICES

PARTNERSHIP FORMATION QUESTIONNAIRE		
Your Name:		Request Date:
Phone: () F	ax: () E-Mail:	Date Needed:
I. Partnership Type (All Entity Types)		
☐ Partnership	☐ General (GP)	
	☐ Limited Partnership (LP)*Please Specify:	
	☐ Domestic ☐ Fe	oreign If Foreign, please include:
	State of Organization:	Date:
	☐ Limited Liability Partnership (LLP) *Please Specify:	
	☐ Domestic ☐ Fo	oreign If Foreign, please include:
	State of Organization:	Date:
1. Formation State:	☐ California ☐ Delaware ☐ Nevac	da 🗆 Specify:
2. Partnership Name:	2 <sup>rd</sup> Choice:	□ Yes □ No
3. Principal Business Activity:		
4. Principal Business Address and Phone Number:	Phone Number: ()  Business Address:  City: State: _	Zip:
5. Name and address of Registered Agent for Service of Process:	☐ Individual ☐ Attorney  Name:  Business Address:  City: State:	
6. Name and Number of	Number of Partners:	-
Partners:	Name: Address:	
	Name: Address:	
	Name: Address:	

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II. Information Specific to Partnership Type		
General Partnership (GP)	List Partners Authorized to Transfer Real Property Held in Partnership Name:	
	Partner Name: Partner Name:	
	Partner Name: Partner Name:	
	Prepare GP Agreement?	
	Principal terms and conditions:	
	Name of Authorized Signing Partner:	
Foreign Limited Partnership	Order Good Standing Certificate? ☐ Yes ☐ No	
	Proposed LP Name (if different than above):	
	Headquarters Address (if different than above):	
	Office Address for use in Registration State:	
	Is LP a Foreign Limited Liability Limited Partnership? ☐ Yes ☐ No	
	Name of Signing General Partner:	
Limited Liability	LLP will engage in:	
Partnerships (LLP)	☐ Practice of Architecture ☐ Practice of Law	
	☐ Practice of Public Accountancy ☐ Specify:	
	Name of Authorized Signing Partner/Person:	
	III. Additional Comments or Information	
Specify any additional terms/comm	ents:	