



FORM **601**

**STATEMENT OF PARTNERSHIP AUTHORITY  
GENERAL OR LIMITED LIABILITY PARTNERSHIP**

Sec. [178.0303](#), Wis. Stats.

1. Name of the entity:
2. Street and mailing addresses of the entity’s principal office (if a General Partnership) or street address of the entity’s registered office (if a Limited Liability Partnership):
3. Email address of the principal office (if a General Partnership) or the name and email address of the registered agent (if a Limited Liability Partnership):

4. In a separate attachment labeled “Item 4,” state the authority (or limitations on the authority) of specific persons or holders of specific positions in the partnership to do any of the following:
- (1) Sign an instrument transferring real property held in the name of the partnership.
  - (2) Enter into other transactions on behalf of, or otherwise act for or bind, the partnership.

5. This document must be signed by a person authorized by the partnership:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Title

(Optional) This document has a **delayed** effective date/time of: \_\_\_\_\_  
(up to 90 days after received date)

*Note: Unless renewed, a statement of partnership authority automatically terminates after five years. It may be renewed by filing a renewal form (Form 603) with the Department during the three-month period prior to the expiration date.*

**Contact Information:**

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Name

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Mailing Address

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City	State	Zip Code
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Email Address	Phone Number
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**INSTRUCTIONS** (Refer to section [178.0303](#), Wis. Stats. for document content)

Please use BLACK ink. Submit one original to State of WI-Dept. of Financial Institutions, Box 93348, Milwaukee WI, 53293-0348, together with a check for the \$100.00 filing fee, payable to the Department of Financial Institutions. (If sent by express or priority U.S. mail, please mail to State of WI-Dept. of Financial Institutions, Division of Corporate and Consumer Services, 4822 Madison Yards Way, 4th Fl., North Tower, Madison WI, 53705.) If requesting optional expedited service, please check the expedited service box in the upper-right corner of the first page and include an additional \$25.00. Filing fees are non-refundable. This document can be made available in alternate formats upon request to qualifying individuals with disabilities. Upon filing, the information in this document becomes public and might be used for purposes other than those for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577 (hearing-impaired may call 711 for TTY) or by email at [DFICorporations@dfi.wisconsin.gov](mailto:DFICorporations@dfi.wisconsin.gov).

**Item 1.** Provide the name of the partnership.

**Item 2.** If the partnership is a general partnership, provide the street and mailing addresses of its principal office. If the partnership is a limited liability partnership, provide the street address of its registered office within the state.

**Item 3.** If the partnership is a general partnership, provide the email address of its principal office. If the partnership is a limited liability partnership, provide the name and email address of its registered agent within the state.

**Item 4.** Attach the statement of authority (or limitations thereon), as provided under section 178.0303, Wis. Stats.

**Item 5.** The document must be executed by one or more persons authorized by the partnership.

**Optional delayed effective date/time.** This document may declare a delayed effective date and time. The effective date/time may not be before, or more than 90 days after, the document is received by the Department of Financial Institutions for filing. If no effective date/time is specified, the document will take effect at the close of business on the date it is received for filing by the Department.