

STATE OF ALABAMA

**FOREIGN GENERAL PARTNERSHIP (GP)
STATEMENT OF PARTNERSHIP AUTHORITY**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Section 10A-1-7.04 of the Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$150.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. or you may email the filing to foreign_entities@sos.alabama.gov **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

This form must be typed

_____ For Profit General Partnership

_____ Non-Profit General Partnership

1. Partnership Full Legal Name as in jurisdiction of formation:

2. The name of the foreign entity for use in Alabama- you may use a fictitious name **only** if the legal entity name of the Partnership above is not available in Alabama or the name does not comply with Article 5 of Title 10A. The name must contain the word General Partnership, GP, G.P. OR Not For Profit General Partnership, NGP, N.G.P. and satisfy the requirement of 10A-1-7.07

3. If a fictitious name is used the undersigned certifies the resolution of the General Partnership's governing authority to adopt the fictitious name for use in Alabama and Affirms the authority to make such a certification under 10A-1-7.07

4. A copy of the Name Reservation received from the Office of the Alabama Secretary of State must be attached.

5. State/Country of Formation: _____

6. Full Date of Formation (MM/DD/YYYY): _____ / _____ / _____

This form was prepared by: (type name and full address)

(For SOS Use Only)

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7. Street (**No PO Boxes**) Principal Office Address in the State/Country of Formation: _____

Mailing Address (if different from street address): _____

8. Name of the Registered Agent in Alabama (must be physically located in Alabama):

Street (**No PO Boxes**) Address of the Registered Office in Alabama: _____

Mailing Address of Registered Office in Alabama (if different from street address): _____

9. The foreign entity began or will begin transacting business in Alabama (**a date must be provided**):

Began or Will begin doing business: _____/_____/_____ (MM/DD/YYYY)

10. This Partnership is formed/registered for the purpose of carrying out a for profit business in accordance with 10A-8A-2.01(a)(i) OR a not for profit activity in accordance with 10A-8A-2.01(a)(2) and has two or more partners.

11. The names and mailing addresses for each of the partners or an agent appointed and maintained by the partnership that 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 (10A-8A). Add additional pages if necessary to include all partners information.

12. The undersigned certify that this foreign entity is a valid existing general partnership in the state/country of formation named in item 5 above.

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Under 10A-8A-2.03: except as specifically provided otherwise in the chapter, a statement filed by a partnership must be executed by at least two partners. Additional partners may sign.

_____/_____/_____
Date (MM/DD/YYYY)

Typed Name of Partner Signing Document

Signature of Partner

_____/_____/_____
Date (MM/DD/YYYY)

Typed Name of Partner Signing Document

Signature of Partner

ATTACH ADDITIONAL NAMES AND MAILING ADDRESSES IF NECESSARY:

The name of Agent for Partnership (see item #10): _____

Mailing address of Agent: _____

The name of Partner: _____

Mailing address of Partner: _____

The name of Partner: _____

Mailing address of Partner: _____

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: \$150.00 Registration filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ Charge fees to prepaid account: Account Number _____

and Account Name _____

Typed Name & Signature of Authorized Individual on Account

_____ Credit Card Type: _____ (Visa, MC, Discover & AmEx)

Card Number: _____ Expiration Mo/Yr.: _____ / _____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder