STATE OF ALABAMA

DOMESTIC ENTITY CONVERSION TO NON-REGISTERED FOREIGN ENTITY (TERMINATION OF DOMESTIC ENTITY)

PURPOSE: In order to change a domestic entity (any entity formed in Alabama) to a non-registered foreign entity (an entity formed outside of Alabama and not transacting business in Alabama), the entity must deliver the documentation in this form pursuant to 10A-1-8.04(a)(2), *Code of Alabama 1975*.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.

- *Include a check, money order, or credit card payment for the \$100.00 processing fee.
- *You may email the filing to miscellaneous.filings@sos.alabama.gov
- *Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed or the request will be rejected without review.

l. In	formation on the converting domestic entity (entity	will cea	ase to	exist in	Ala	bama	at cor	ivers	ion/te	rmination):
	Alabama Entity ID number of converting entity: (Format 000-000-000) *This is not a tax id number or federal employer id number. This number is required to process the filing.									
w or	NSTRUCTIONS TO OBTAIN ID NUMBER www.sos.alabama.gov, click on Business Services (belon Entity Name, enter the name of the entity in the appairs is the correct entity. This step is strongly recomme	ow picto propriate	ure),	click on	Bu	siness I	Entity	and 1	Name	Search, click
2. Th	ne name of the converting/terminating domestic entity a	as recor	ded v	vith the S	Seci	etary o	f State	of A	laban	na:
 3. Sti	reet (No PO Boxes) address of converting entity:									
Ma	ailing address (if different)									
			ſ			(Fo	r SOS	Office	Use O	nly)
Γhis fo	orm was prepared by: (type name and full address)									
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	he State of Alabama:						
	The name of the new foreign entity resulting fro	om this conversion:					
5.	Converted entity will be (check one):						
	Business Corporation (Inc or Corp)	Limited Partnership (LP)					
	Nonprofit Corporation	Limited Liability Limited Partnership (LLLP)					
	Professional Corporation (PC)	Employee Cooperative Corporation					
	Limited Liability Company (LLC)	Real Estate Investment Trust					
	Limited Liability Partnership (LLP)	Other:					
	For Profit General Partnership (GP)	Non-Profit General Partnership (NGP)					
6.	Street (No PO Boxes) address of principal office of new foreign/surviving entity:						
7.		ffice of (name of agency and street address):					
	of State/Country:						
8.	The undersigned certifies that the Conversion that the conversion was effectuated prior to t	on was certified by the jurisdiction of formation/authority showing the file/effective date of this filing.					
9.	The converted foreign entity certifies that the er	ntity is no longer transacting business in the State of Alabama.					
10.	owner of the converting entity who is to become	more owners lack limited liability protection, a statement that each ne a owner without limited liability protection with respect to the conversion as required by 10A-1-8.01 is attached.					
11.	The undersigned certify that the conversion wa the information included in or attached to this	s approved pursuant to <i>Code of Alabama 1975</i> , 10A-1-8.01 and that conversion form are true and correct.					
12.		y pay to dissenting owners of the domestic entity that is a party to the the amount, if any, to which they are entitled under Alabama Law					

4. Information on the converted foreign entity (formed/created by this conversion) – this entity will exist outside

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- 13. The converted foreign entity consents that service of process in a proceeding to enforce any obligation or any dissenter's rights of owners of the converted/terminated Alabama domestic entity may be made by registered mail addressed to the principal address of the surviving entity provided in this document or by any method provided by the Alabama Rules of Civil Procedure. Also, any notice or demand required or permitted by law to be served on the domestic entity terminated by this conversion may be served on the surviving or resulting foreign entity by registered mail addressed to the principal office of the surviving entity as provided in this document or in any other manner similar to the procedure provided by the Alabama Rules of Civil Procedures for the process of service.
- 14. The undersigned certify that signatures are in accordance with the requirements of 10A-1-4.01 of the *Code of Alabama 1975* with respect to this filing instrument.

Date (MM/DD/YYYY)	Typed name <u>and</u> title of signature below
	Signature
Date (MM/DD/YYYY)	Typed name and title of signature below
	Signature
Date (MM/DD/YYYY)	Typed name and title of signature below
	Signature
Date (MM/DD/YYYY)	Typed name <u>and</u> title of signature below
	Signature

Additional signatures may be added by attachment.

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 or return email address, 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 (these fees are 3% of the total charge plus \$2.00).

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

Entity Name:		
AL Entity ID #, required for all filings	other than formation/registr	eation:
Service Requested: X \$100.00 C	Conversion filing fee	(411, 555, 555, 555)
Return via email:		
Hold at Front Desk for pick-up by:		
Hold at Front Desk for pick-up by:	There is no notification	service/call for pick-up.
	Chaosa ana af tha fallowing	••
•	Choose one of the following	;•
Check/money order is attached Secretary of State. Do not use		vable for each filing to the Alabama
Secretary of State. Do not use	one eneck for manaple minig	υ.
Charge fees to prepaid accoun	t: Account Number	
and Account Name		
Typed Name & Signature of A	Authorized Individual on Acc	count
Credit Card Type:	(Visa, Mo	C, Discover & AmEx)
Card Number:	Expiratio	n Mo/Yr.:/ (MM/YY)
Card Holder Name:		
Complete Billing Address:		
Complete Dining Address.	Street or PO Box	
City	State	Zip
Signature of Card Holder:	MUST be Signatu	are of Card Holder