

**STATE OF ALABAMA**

**DOMESTIC GENERAL PARTNERSHIP (GP)  
STATEMENT OF PARTNERSHIP**

**PURPOSE:** In order to form a general partnership under Section 10A-8A-2.01 of the Code of Alabama 1975 this Statement of Partnership and the appropriate filing fees must be filed with the Office of the Alabama Secretary of State – if the chief executive office is located outside the State of Alabama you will need to file as a Foreign General Partnership with the Alabama Secretary of State’s office. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and one (1) copy of this completed form and the appropriate filing fee to the Office of the Alabama Secretary of State with a check or money order payable to the **Secretary of State for the state filing fee of \$100.00 for standard processing or \$200.00 if expedited processing within 24 hours after receipt by the Office of the Secretary of State is requested (10A-1-4.31)**. Once the Secretary of State’s Office has indexed the filing, the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) . Business Services (below picture), Business Entity Search - you may search by entity name. You may pay the Secretary of State fees by credit card (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee)



**(For SOS Office Use Only)**

**The information completing this form must be typed or laser printed.**

\_\_\_\_\_ **Statement of Partnership**

\_\_\_\_\_ **Statement of Not For Profit Partnership**

1. The name of the General Partnership (must contain the words “General Partnership”, G.P. or GP OR “Not For Profit General Partnership”, N.G.P. or NGP and comply with Code of Alabama, Title 10A-1-5.10):

\_\_\_\_\_

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached. The name reserved must agree with item 1 above.**

3. Date Partnership was formed pursuant to, or became governed by, the laws of this State:\_\_\_\_\_

**DOMESTIC GENERAL PARTNERSHIP (GP) STATEMENT OF PARTNERSHIP**

4. Street (**No PO Boxes**) address of the principal office of the partnership (must be in Alabama or you must file as a Foreign General Partnership with the Alabama Secretary of State's office):

\_\_\_\_\_

Mailing address of the principal office (if different from street address): \_\_\_\_\_

\_\_\_\_\_

5. Name of Registered Agent for service of process: \_\_\_\_\_

6. Street (**No PO Boxes**) address of Registered Agent (must be in Alabama) \_\_\_\_\_

\_\_\_\_\_

Mailing address of Registered Agent (if different from street address): \_\_\_\_\_

\_\_\_\_\_

This Partnership is formed 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)(ii), has two or more partners, and the partnership agreement is governed by the laws of this State and if the partnership agreement is a written partnership agreement, the undersigned declares that the written partnership agreement has a provision stating that the partnership agreement is governed by the laws of this State.

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

**DOMESTIC GENERAL PARTNERSHIP (GP) STATEMENT OF PARTNERSHIP**

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Add additional listing of Partners and mailing addresses if necessary.

- 7. The registration of the general partnership is effective immediately on the date the registration is filed with the Secretary of State or at the later date specified in this filing.

The undersigned specify \_\_\_\_ / \_\_\_\_ / \_\_\_\_ as the effective date (must be later than the date filed in the office of the Secretary of State.)

\_\_\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the general partnership. The partnership agreement may be attached and made part of this statement.

**Under 10A-8A-2.03(c): 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)

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Typed Name of Partner Signing Above

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Signature of Partner

\_\_\_\_\_  
Typed Name of Partner Signing Above

**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 provide an email return on this form, you will not receive a credit card or prepaid account 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 and expedite fee but will not show convenience fees which will be charged; (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: \_\_\_\_\_

AL Entity ID Number of converting entity: \_\_\_\_\_ - \_\_\_\_\_ (ex: 000-000)

Service Requested: \_\_\_\_\_ \$100.00 Formation filing fee

\_\_\_\_\_ \$100.00 Expedited Processing fee **(must be included with initial filing)**

Hold at Front Desk for Pick-up by: \_\_\_\_\_  
(Service providers who run couriers for pick-up)

**There is no notification service and there will not be a call for pick-up.**

Return via email (only one email): \_\_\_\_\_  
**No paper copy will be sent if email is provided.**

\_\_\_\_\_ 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**