

**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-8A of the Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) completed Statement of Authority, name reservation certificate and the \$100.00 filing fee to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or you may email this filing to **www.sos.alabama.gov**. If you are submitting this filing via email and paying the standard \$100.00 fee and would like an acknowledgement copy please mark the \$4.00 copy fee on the credit card payment form. If you elect expedited processing completed within 24 hours after receipt by SOS, you may have the stamped copy emailed to you.

Expedited processing is \$200.00 (a \$100.00 expedite fee plus the \$100.00 filing fee). If you are mailing/couriering the application and would like an acknowledgement, include a copy and postage paid self-addressed envelope. The entity will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee). All processing instructions are complete in this form and Payment Option Sheet; cover letters are not necessary and will not be reviewed.

(For SOS Office Use Only)

**This form must be typed or laser printed.**

\_\_\_\_\_ 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. or NGP and satisfy the requirement of 10-7.07

\_\_\_\_\_

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 certificate received from the Office of the Alabama Secretary of State must be attached.**

5. State/Country of Formation: \_\_\_\_\_ Full Date of Formation (mm/dd/yyyy): \_\_\_\_\_

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6. Street (**No PO Boxes**) Principal Office Address in the State/Country of Formation:\_\_\_

\_\_\_\_\_

Mailing Address (if different from street address):\_\_\_\_\_

\_\_\_\_\_

7. Street (**No PO Boxes**)Address of Alabama Office (if any):\_\_\_

\_\_\_\_\_

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 Agent in Alabama:\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

9. If not cancelled earlier, the period of duration of authority is five (5) years after the date the statement is filed/dated by the Alabama Secretary of State's Office or the most recent amendment filed/dated by the Alabama Secretary of State's Office. At the end of the five (5) year term the partnership authority in Alabama is cancelled by operation of law.

10. 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.

11. 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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Typed Name of Partner Signing Document (10A-8A-1.06)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Typed Name of Partner Signing Document (10A-8A-1.06)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: \_\_\_\_\_

