

STATE OF ALABAMA

**DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP
(LLLP)
CERTIFICATE OF FORMATION**

PURPOSE: In order to form a Limited Liability Limited Partnership under Section 10A-9A-2.01 of the Code of Alabama 1975 this Certificate and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the Limited Liability Limited Partnership's initial registered office is located.

INSTRUCTIONS: Mail one (1) original and two (2) copies of this completed Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's initial registered office is located. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00 and the Judge of Probate's Office will transmit the fees along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is recorded. You may pay the Secretary of State's fee by credit card if the county you are filing in will accept that method of payment (see attached). Your entity 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)

This form must be typed or laser printed.

OPTION: A record delivered for filing may specify an effective time and delayed effective date. This is not required.
Effective Time: _____ (am or pm) Delayed Effective Date (mm/dd/yyyy): _____

REQUIRED INFORMATION:

1. The name of the Limited Liability Limited Partnership (must contain the phrase Limited Liability Limited Partnership, or the abbreviation LLLP, L.L.L.P., and comply with Code of Alabama Title 10A-1-5):

2. The name of the Registered Agent: _____

Street (**No PO Boxes**) address of Registered Agent: _____

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

3. This Partnership is a Limited Liability Limited Partnership.

4. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use page 2 of this document to provide this information and duplicate the blank form as necessary to include all general partners. This information is required pursuant to Section 10A-9A-2.01(a)(4) and the signatures are required pursuant to Section 10A-9A-2.03(a)(1).

DOMESTIC LIMITED PARTNERSHIP CERTIFICATE OF FORMATION

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

Mailing address (if different): _____

Signature of General 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 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