

**STATE OF ALABAMA
CONVERSION OF A DOMESTIC ENTITY
Limited Liability Partnership to Limited Liability Company**

PURPOSE: In order to change the entity type of a domestic entity (any entity formed in Alabama), the entity must deliver the documentation in this form pursuant to Section 10A, Chapter 1, Article 8, Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed copy for filing with the Office of the Secretary of State, the filing fee of \$25.00 for standard processing or \$125.00 for expedited filing (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**, and copy of the filing with a check or money order made out to the Judge of Probate in the county where the entity's formation documents were recorded (contact the Office of the Judge of Probate for the fees). The Secretary of State will file and transmit the copies to the Judge of Probate in accordance with 10A-1-4.02(g). The Conversion 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). **If you desire a stamped copy returned to you, supply a third copy and a pre-addressed postage paid return envelope.**

(For SOS Office Use Only)

**This form must be typed or laser printed.
Emailed transmissions will not be acknowledged, processed, or returned.**

1. Information on the converting entity (entity will become converted entity and continue to exist under the same AL Entity ID Number after conversion):

Alabama entity id number of converting entity: _____ - _____ (Format 000-000) *

***INSTRUCTIONS TO OBTAIN ID NUMBER TO COMPLETE FORM:** If you do not have this number immediately available, you may obtain it on our website at www.sos.alabama.gov Click on Business Services below the picture, click on Business Entity Search, click on Entity Name, enter the registered name of the entity (without entity ending) in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. Click on that number to check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

The name of the converting entity as recorded with the Secretary of State of Alabama:

County Probate Office in Alabama where the formation documents/articles of this domestic entity were recorded and where the conversion document will be forwarded after recording: _____

This Document was prepared by:

(For County Probate Court Office Use Only)

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2. Information on the converted (formed/created by this conversion) – this entity will continue to exist:

The name of the new domestic entity resulting from this conversion (A domestic name reservation certificate, issued by the Alabama Secretary of State, must be attached if the name is changing anything more than the entity identifier information – such as Inc., LLC, etc.– if only the identifier information is changing, no name reservation is required):

3. Converted entity will be a limited liability company with at least one member.

4. Check **only** if the type applies to the Limited Liability Company being formed:

___ Series LLC complying with Title 10A, Chapter 5A, Article 11

___ Professional LLC complying with Title 10A, Chapter 5A, Article 8

5. Name of registered agent for service of process in Alabama:

6. Street (**No PO Boxes**) Address of registered office of converted entity (**MUST be physically located in Alabama**):

Mailing Address in Alabama (if different)_____

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Organizer(s):_____

Street (**No PO Boxes**) address of Organizer(s):_____

_____ Mailing address of Organizer(s) – (if

different from street address):_____

Attach a listing if more Organizers need to be added.

9. The right, if given, of the member or members to admit additional members, and the terms and conditions of the admission are attached.

10. The circumstances, if any, under which the cessation of membership of one or more members will result in dissolution of the limited liability company are attached.

11. If the converted entity is one in which one or more owners lack limited liability protection, a statement that each owner of the converting entity who is to become a owner without limited liability protection of the resulting entity has consented in writing to the conversion as required by 10A-1-8.01 is attached.

12. The undersigned certify that the conversion was approved pursuant to *Code of Alabama 1975*, Title 10A, Chapter 1, Article 8 (specifically 10A-1-8.01) and that the information included in or attached to this conversion form are true and correct.

13. Signature requirements are in accordance with 10A-1-4.01 and 10A-5A-2.04 of the *Code of Alabama 1975*.

_____ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability company.

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Signature Page – Use additional page(s) if necessary.

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

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: ___X___ \$25.00 Conversion 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