

**STATE OF ALABAMA
FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP
(LLLP) STATEMENT OF AUTHORITY**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Section 10A -1-7.06 of the Code of Alabama 1975.

INSTRUCTIONS: Mail 2 completed forms with the appropriate fee to the Office of the Secretary of State at **PO Box 5616, Montgomery, AL 36103** (if a return copy is requested send the copy and a preaddressed postage paid return envelope with your filing). Include a check, money order, or credit card payment for **\$150.00 for standard processing** or **\$250.00 for expedited processing** (within twenty four (24) hours after the date of receipt). You may email this Registration to foreign.entities@sos.alabama.gov **If you are sending this filing via email and paying the standard \$25.00 fee and would like an acknowledgement copy please mark the \$4.00 copy fee on the credit card payment form.** The request is only accepted via mail, courier or email. No fees are charged or deposited until the Registration is approved. 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.

1. Partnership Full Legal Name: _____

2. The registered name of the Partnership for use in Alabama (must contain the phrase Limited Liability Limited Partnership; or the abbreviation LLLP, L.L.L.P. and comply with Sections 10A-1-7.07 (4) :

*A fictitious name may be used **only** if the legal name is not available for use in Alabama or the name does not contain the words "Limited Liability Limited Partnership" or LLLP or L.L.L.P. (10A-1-7.07).

3. If a fictitious name is used the undersigned certifies the resolution of the LLLP'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. State/Country of Formation: _____ Full Date of Formation (mm/dd/yyyy): _____

5. Street (**No PO Boxes**) Address of Principal Office in the State/Country of Formation: _____

Mailing Address (if different from street address): _____

**FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP (LLLP)
STATEMENT OF AUTHORITY**

6. The Name of the Registered Agent In Alabama: _____

Street (**No PO Boxes**) Address of Registered Agent in Alabama: _____

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

7. The undersigned certify that this foreign entity is a valid existing limited liability limited partnership in the state/country of formation named in item 4 above.

8. The foreign entity will begin or began transacting business in Alabama (a date must be provided):

Began or Will begin doing business: ___/___/___ (MM/DD/YYYY)

9. The names, street addresses, and mailing addresses for each of the general partners must be attached pursuant to Section 10A-9A-1.11 (1). Use this page to provide the information. Add additional pages if necessary to include all general partners.

Typed or Printed Name of General Partner Signing Document

Date

Signature of General Partner

**FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP (LLLP)
STATEMENT OF AUTHORITY**

The name of the General Partner: _____

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

Mailing address of General Partner (if different from Street Address): _____

The name of the General Partner: _____

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

Mailing address of General Partner (if different from Street Address): _____

The name of the General Partner: _____

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

Mailing address of General Partner (if different from Street Address): _____

The name of the General Partner: _____

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

Mailing address of General Partner (if different from Street Address): _____

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State’s Office. If you are expediting and opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – acknowledgement copy 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 laser printed on a computer.

Entity Name:_____

Service Requested: \$150.00 Statement of Authority filing fee

\$4.00 Copy Fee (Acknowledgement copy if submitted by email and copy desired) Sent by standard mail.

\$100.00 Expedited Processing fee
(Processed within 24 hours after receipt of filing)

Hold at Front Desk for Pick-up for:_____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

*Email filing to:_____
(ONLY for expedited filings) 1- email No paper copy will be mailed.

Check is attached - Please make one check payable for the total amount of the fees (i.e., \$250 if you are requesting expedited service) to the Alabama Secretary of State.

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