

**STATE OF ALABAMA
FOREIGN LIMITED PARTNERSHIP (LP)
STATEMENT OF AUTHORITY**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Section 10A-1-7:01 of the Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed completed Statement of Authorities, a copy of the Name Reservation Certificate, and the \$150.00 Standard filing fee or \$250.00 for expedited filing (processed within 24 Hours from time received) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** Or you may email this filing to:

foreign.entities@so.alabama.gov If you are sending this filing via email and paying the standard \$150.00 fee and would like an acknowledgement copy please mark the \$4.00 copy fee on the credit card payment form. 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 Partnership; the word Limited; or the abbreviation LP, L.P., or Ltd. and comply with Sections 10A-1-5.05

*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 Partnership" or "Limited," or the abbreviation "L.P." or "LP" or "Ltd." (10A-1-7.07).

3. If a fictitious name is used the undersigned certifies the resolution of the LP'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): _____

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

Mailing Address (if different from street address): _____

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7. 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): _____

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 undersigned certify that this foreign entity is a valid existing limited partnership in the state/country of formation named in item 5 above.

10. 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.

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): _____

Typed or Printed Name of General Partner Signing Document

Date

Signature of General Partner

