

STATE OF ALABAMA

**DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)
STATEMENT OF LIMITED LIABILITY PARTNERSHIP**

PURPOSE: In order to form a limited liability partnership under Section 10A-1-3.05 and 10A-8A-10.01 of the Code of Alabama 1975 this Statement of Limited Liability Partnership and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form and the appropriate filing fee to the **Office of the Alabama Secretary of State, P.O. Box 5616, Montgomery, AL 36103-5616** . **The filing fee is \$100.00 for standard processing or \$200.00 if expedited processing within 24 hours after receipt by the Office of the Secretary of State is requested (10A-1-4.31)**. Once the Secretary of State’s Office has indexed the filing, the information will appear at www.sos.alabama.gov . Business Services (below picture), Business Entity Search – you may search by entity name. You may pay the Secretary of State fees by check, money order or credit card (see attached). Your filing 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).

The information completing this form must be typed or laser printed.

1. The name of the limited liability partnership (must contain the words “Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP,” and comply with Code of Alabama, Title 10A-1-5.07):

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2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-5.03].**

This form was prepared by: (type name and full address):

(For SOS Office Use Only)

DOMESTIC STATEMENT OF LIMITED LIABILITY PARTNERSHIP (LLP)

3. Street (**No PO Boxes**) address of principal office of the limited liability partnership:

Mailing address of principal office (if different from street address): _____

4. The name of the Registered Agent: _____

5. Street (**No PO Boxes**) address of Registered Office – must be location of Registered Agent (if different from principal office address):

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

6. Purpose for which the limited liability partnership was formed: _____

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 partnership is formed as a limited liability partnership.

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10. The statement of limited liability partnership is effective immediately on the date the statement is filed with the Office of the Secretary of State or at the later date specified in this filing.

The undersigned specify ____ / ____ / ____ as the effective date (must be later than the date filed in the office of the county judge of probate).

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

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

Additional partners may sign (attach listing if necessary).

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

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