

**STATE OF ALABAMA  
STATEMENT OF AUTHORITY FOR A  
FOREIGN LIMITED LIABILITY PARTNERSHIP (LLP)**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Sections 10A-8A-1:01 and 10A-1-7.04(c) of the Code of Alabama 1975.

**INSTRUCTIONS:** Mail two (2) completed forms and the \$150.00 filing fee or \$250.00 expedite filing fee (processed within twenty four (24) hours of receipt) paid by check, money order, or credit card to the **Secretary of State, Business Services, PO Box 5616, Montgomery, AL 36103-5616.** (if a return copy is requested send the copy and a preaddressed postage paid return envelope with your Registration). You may email this application to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov) if you are paying by credit card (do not scan in 2 copies you will need to authorize a \$4.00 copy fee to receive an acknowledgement copy unless you are expediting processing). If a copy is provided/paid the

acknowledgement will be returned via USPS or email if expedited processing is paid. The request is 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. **NOT REQUIRED:** Delayed effective date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MUST be after date of receipt by Alabama Secretary of State's Office and not more than 90 days after signing of this document. If this is not completed the filing will be dated the date received in approvable format.

2. Partnership Full Legal Entity Name in jurisdiction of formation: \_\_\_\_\_

3. The registered name of the Partnership for use in Alabama only if the legal name is not available in Alabama:

Under 10A-1-7.07, the name of the partnership must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP". A fictitious name may be used **only** if the legal entity name is not available for use in Alabama or the name does not comply with Article 5 of Title 10A.

\_\_\_ A copy of the Name Reservation received from the Office of the Alabama Secretary of State is attached. **OR**

\_\_\_ The entity requests approval of the name prior to registration and has included a separate \$25.00 fee for expedited processing.

4. If a fictitious name is used the undersigned certifies the resolution of the LLP'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

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5. State/Country of Formation: \_\_\_\_\_ 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): \_\_\_\_\_

7. The Name of the Registered Agent in Alabama: \_\_\_\_\_  
Registered agent/office must be physically located in the State of Alabama (10A-1-5.31)

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

\_\_\_\_\_

Mailing Address of Agent (if different form street address): \_\_\_\_\_

8. The purpose/nature of the business of the partnership: \_\_\_\_\_

9. The Partnership began/will begin doing business in Alabama on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

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

11. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, 10A-7.04(d) 10A-8A1.06 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

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**One or more partners may sign.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Signature of above Stated Authority

