

**STATE OF ALABAMA  
FOREIGN PROFESSIONAL CORPORATION  
(BUSINESS OR NON-PROFIT)  
APPLICATION FOR REGISTRATION**

PURPOSE: In order to register a foreign professional entity (any entity formed outside of Alabama) to transact business in Alabama, the entity must deliver to the Secretary of State for filing an Application for Registration pursuant to Section 10A-1-7.04, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed copies of this completed Application for Registration, the documentation referred to in items 3 and 11 below, and the filing fee of \$150.00 Or \$250.00 expedite fee: processed twenty four (24) hours after receipt of filing (credit card, check, or money order) to the **Secretary of State, Business Services,**

**P.O. Box 5616, Montgomery, Alabama, 36103-5616** or email to [Foreign.Entities@sos.alabama.gov](mailto:Foreign.Entities@sos.alabama.gov). 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 (\$30.00 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.**

\_\_\_\_\_ Business/For-Profit PC

\_\_\_\_\_ Non-Profit PC

1. The legal name of the foreign entity as recorded in the jurisdiction in which it was formed/incorporated:  
\_\_\_\_\_
2. The name of the foreign entity for use in Alabama, **only** if the legal entity name is not available in Alabama or the name does not comply with Article 5 of Title 10A. The name for Business/For-Profit PCs must contain the words "professional corporation," "P.C.," or "PC" and satisfy the requirements of 10A-1-7.07:  
\_\_\_\_\_
3. If a fictitious name is used the undersigned certifies the resolution of the Corporation's governing authority to adopt the fictitious name for use in Alabama and affirms the authority to make such a certification under Title 10A-1-7.07.
4. **A copy of the name reservation certificate from the Office of the Alabama Secretary of State is attached.**
5. Entity's jurisdiction of formation: \_\_\_\_\_
6. Date of the entity's formation in state/country of jurisdiction: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
7. The date the foreign entity began or will begin transacting business in Alabama: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
8. Street (**No PO Boxes**) Address of principal office: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address (if different from street address) \_\_\_\_\_  
\_\_\_\_\_

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9. The undersigned certifies that the foreign entity exists as a valid entity of the type stated above under the laws of the entity's jurisdiction of formation.

10. Name of registered agent for service of process (MUST be physically located in Alabama): \_\_\_\_\_

\_\_\_\_\_

11. Street (No PO Boxes) Address of initial registered office (MUST be physically located in Alabama): \_\_\_\_\_

\_\_\_\_\_

Mailing Address in Alabama (if different from street address) \_\_\_\_\_

\_\_\_\_\_

12. The entity designates the following Alabama licensed individual or individuals through whom it will render professional services in Alabama and certifies that those individuals are not, at the time of designation, so designated by any other foreign professional entity (names, mailing addresses, and evidence of licenses):

\_\_\_\_\_

Attach copies or additional pages if necessary.

13. The entity acknowledges that it will be subject to the jurisdiction of the Alabama regulatory and licensing authorities with respect to any professional services rendered to clients or patients in Alabama.

14. No foreign professional entity shall maintain an office in Alabama for the conduct of business or professional practice until it has obtained a certificate of authority to render professional services in Alabama:

\_\_\_\_\_ Certificate attached                      or                      \_\_\_\_\_ Not Applicable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

**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 Registration 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