

STATE OF ALABAMA

**DOMESTIC LIMITED PARTNERSHIP (LP)
CERTIFICATE OF INFORMATION**

PURPOSE: Under Section 10A-9A-2.09(d) of the Code of Alabama 1975, the Secretary of State shall not issue a Certificate of Existence for a Limited Partnership filed prior to January 1, 2011 until the Limited Partnership files a Certificate of Information [which includes the information required under Section 10A-9A-2.01(a)(1), (a)(2), (a)(3), (a)(4), (a)(5) and (a)(6) and attached certified copies of all records filed as to the Limited Partnership and any fees required with the Secretary of State.

INSTRUCTIONS: Mail two (2) signed originals of this completed Certificate of Information, one (1) certified copy of all records filed as to Limited Partnership, and the filing fee of \$25.00 to the **Secretary of State, Business Entities, P.O. Box 5616, Montgomery, Alabama, 36103-5616.**



(For SOS Office Use Only)

This form must be typed or laser printed.

1. Alabama Entity ID Number (Format: 000-000): _____ - _____

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: If you do not have this number immediately available (it is on the face of your original filed Certificate of Authority), you may obtain it on our website at www.sos.alabama.gov Business Services (below picture), Business Entity Search, click on Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. The name of the Limited Partnership:

3. The Name of the Registered Agent: _____

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

Mailing Address of Registered Agent (if different from Street Address): _____

4. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use page 2 of this document to provide this information. You may duplicate the blank page 2 form as necessary to include all general partners. This information is required pursuant to Section 10A-9A-2.01(4) and the signatures are required pursuant to Section 10A-9A-2.04.

The name of the General Partner: _____

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

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

Signature of General Partner

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

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

Signature of General Partner

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

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

Signature of General Partner

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: _____ - _____ (ex: 000-000)

Service Requested: \$25.00 LP Certificate of Information 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): _____
(ONLY for expedited filings) No paper copy will be mailed

_____ 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