

STATE OF ALABAMA

**DOMESTIC LIMITED PARTNERSHIP (LP)
RESTATED CERTIFICATE OF FORMATION**

PURPOSE: In order to integrate into a single instrument all of the provisions of its Certificate of Formation which are then in effect and operative and at the same time further amend its Certificate under Section 10A-9A-2.02(g) of the Code of Alabama 1975 this Restated Certificate of Formation may be filed.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed Restated Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the Limited Partnership's Certificate of Formation was filed. Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fees and the Judge of Probate's Office will transmit the fees along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Restated Certificate is recorded. The Secretary of State's filing fee is \$100.00. You may pay the Secretary of State's fee by credit card if the county you are filing in will accept that method of payment (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).



(For SOS Office Use Only)

This form must be typed or laser printed.

- 1. The name of the Limited Partnership (must contain the phrase Limited Partnership; the word Limited; or the abbreviation LP, L.P., or Ltd., and comply with Code of Alabama Title 10A-1-5.05(b):

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

INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM: You may obtain the number on our website at www.sos.alabama.gov Business Services (below picture), Business Entity Search, search by entity name. 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.

- 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. This Partnership is not a Limited Liability Limited Partnership and will not be registered as such. The undersigned understand and agree that in order to file a Limited Liability Limited Partnership a different form with additional information would be required (for example: see Restated Certificate of LLLP).

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5. 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 and duplicate the blank form as necessary to include all general partners. The signatures are required pursuant to Section 10A-9A-2.03(5).

The name of the General Partner: _____

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

Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

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

Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

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

Mailing address (if different): _____

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: \$100.00 Amended & Restated 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