

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION**

**PURPOSE:** In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. **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 fee of \$100.00** for standard filing (based on date of receipt and volume) **or \$200.00 for expedited service** (processed within twenty four (24) hours after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity 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 County Probate Office Use Only)

**The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):

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2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].**

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

(For SOS Office Use Only)

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of the Registered Agent located at the Registered Office (only one agent):

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Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**):

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Mailing address in Alabama of Registered Office (if different from street address):

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4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

Series LLC complying with Title 10A, Chapter 5A, Article 11

Professional LLC complying with Title 10A, Chapter 5A, Article 8

Non-Profit LLC complying with 10A-5A-1.04(c)

6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify \_\_\_\_ / \_\_\_\_ / \_\_\_\_ as the effective date (**must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed**) and the time of filing to be \_\_\_\_ : \_\_\_\_ AM or PM. (**cannot be noon or midnight – 12:00**)

\_\_\_\_ Attached are any other matters the members determine to include herein ( if this item is checked there must be attachments with the filing).

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Date (MM/DD/YYYY)

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Signature as required by 10A-5A-2.04

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Typed Name of Above Signature

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Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

**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 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): \_\_\_\_\_  
**(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**