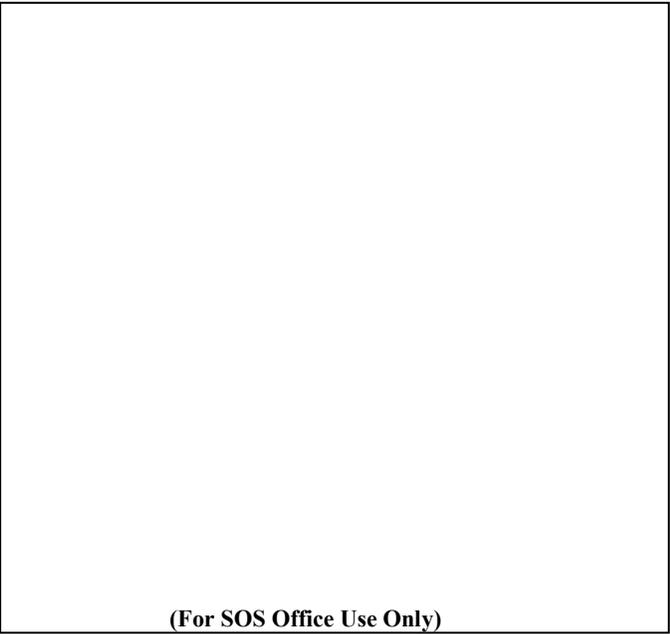


STATE OF ALABAMA

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

PURPOSE: In order to form a Limited Partnership under Section 10A-9A-2.01 of the Code of Alabama 1975 this Certificate and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the Limited Partnership's initial registered agent's office is located.

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the Limited Partnership's initial registered office is 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 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 Certificate is recorded. 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 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 SOS Office Use Only)

This form must be typed.

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):

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-5.03].**

3. 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 Certificate of Formation for LLLP).
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. This information is required pursuant to Section 10A-9A-2.01(a)(4) and the signatures are required pursuant to Section 10A-9A-2.03(a)(1).

DOMESTIC LIMITED PARTNERSHIP (LP) CERTIFICATE OF FORMATION

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 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 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 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.

Partnership Name: _____

Service Requested: \$100.00 Formation filing fee

\$100.00 Expedite fee

Hold at Front Desk for Pick-up by: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

Return via email (only one email): _____

No paper copy will be sent if email is provided.

_____ Check is attached - Please make one check payable for the total amount of the fees 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