STATE OF ALABAMA

CONVERSION OF A DOMESTIC ENTITY
Professional Association to Professional Corporation

(For SOS Office Use Only)

PURPOSE: In order to change the entity type of a domestic entity (any entity formed in Alabama), the entity must deliver the documentation in this form pursuant to Section 10A, Chapter 1, Article 8, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed copies of the completed Conversion package, the filing fee of $100.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616**, and a check or money order made out to the Judge of Probate in the county where the entity's formation documents were recorded (contact the Office of the Judge of Probate for the fees). The Secretary of State will file and transmit the copies to the Judge of Probate in accordance with 10A-1-4.02(c). The Conversion will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored. If you desire a stamped copy returned to you, supply a third copy and a pre-addressed postage paid return envelope.

This form must be typed.
Emailed transmissions will not be acknowledged, processed, or returned.

1. **Information on the converting entity (entity will cease to exist at conversion/termination by conversion):**

   Alabama Entity ID number of converting entity: _____-_____ (Format 000-000) **INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** You may obtain the number on our website at www.sos.alabama.gov Click on Business Services, click on Business Entity Search, click on Entity Name, enter the 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.

   The name of the converting entity as recorded with the Secretary of State of Alabama:

   _____

   Date of Formation of Converting Entity: ____/____/_____

   County Probate Office in Alabama where the formation documents were recorded _____

This Document was prepared by:

(For County Probate Court Office Use Only)

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2. **Information on the converted (formed/created by this conversion) – this entity will continue to exist using the same Alabama Entity ID Number as the previous converting entity:**

   The name of the new domestic entity resulting from this conversion (A domestic name reservation certificate issued by the Alabama Secretary of State must be attached if the name is changing anything more than the entity identifier information – such as Inc., LLC, PC etc. – if only the identifier information is changing, no name reservation is required name): The entity identifier MUST change.

   _____

3. The new converted/formed entity will be a domestic professional corporation which renders professional services in Alabama and is subject to Alabama Code, Title 10A, Chapter 4.

   The domestic professional corporation shall not engage in any profession other than the profession permitted by its certificate of conversion/formation, except that a domestic professional corporation may invest its funds in real estate, mortgages, stocks and bond, or any other type of investment. (10A-4-2.03)

4. Name of registered agent for service of process in Alabama:

   _____

5. Street (**No PO Boxes**) Address of initial registered office (**MUST** be physically located in Alabama):

   _____

   Mailing Address in Alabama (if different)_____

6. Purpose for which professional corporation is formed/professional service to be rendered:_____

   _____

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The undersigned certify that the conversion was approved pursuant to *Code of Alabama 1975*, Title 10A, Chapter 1, Article 8 (specifically 10A-1-8.01) and that the information included in or attached to this conversion form are true and correct.

9. The undersigned certify that if the converted entity is one in which one or more owners lack limited liability protection, a statement that each owner of the converting entity who is to become an owner without limited liability protection of the resulting entity has consented in writing to the conversion as required by this section. 10A-1-8.01(b)(2)e

10. Signature requirements are in accordance with 10A-1-4.01 and 10A-1-8.01 of the *Code of Alabama 1975*.

_____Attachments: This certificate of conversion (formation) may contain other provisions not inconsistent with law relating to the organization, ownership, governance, business, or affairs of the filing entity.

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Signature Page – Use additional if necessary.

/ /

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

/ /

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

/ /

Date

Typed Name **and** Title of Signature Below

Signature of Person Authorized to Sign

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filling, 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.

Entity Name:_____

AL Entity ID Number of converting entity: _____-_____ (ex: 000-000)

Service Requested: ___✔___$100.00 Conversion filing fee

_____$100.00 Expedite fee

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):_____

No paper copy will be sent if email is provided.

_____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