

**STATE OF ALABAMA**

**FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY (PLLC) APPLICATION FOR REGISTRATION**

PURPOSE: In order to register a foreign professional entity (any entity formed outside of Alabama) to transact business in Alabama, the entity must deliver to the Secretary of State for filing an Application for Registration pursuant to Section 10A-1-7.04, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) completed forms with the appropriate fee to the Office of the Secretary of State at **P O Box 5616, Montgomery, AL 36103**. Include a check, money order, or credit card payment for \$150.00. **The application is only accepted via mail or courier and will not be accepted via email.** The entity will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee). All processing instructions are complete in this form and Payment Option Sheet.



(For SOS Office Use Only)

**This form must be typed or laser printed.**

1. The legal name of the foreign entity as recorded in the jurisdiction in which it was formed/organized:

\_\_\_\_\_

2. The name of the foreign entity for use in Alabama must contain the words “Professional Limited Liability Company” or the abbreviation “P.L.L.C.” or “PLLC”:

\_\_\_\_\_

\*A fictitious name may be used **only** if the legal entity name is not available for use in Alabama or the name does not contain the words “Professional Limited Liability Company” or the abbreviation “P.L.L.C.” or “PLLC” (10A-1-5.06).

3. If a fictitious name is used the undersigned certifies the resolution of the PLLC’s governing authority to adopt the fictitious name for use in Alabama and affirms the authority to make such a certification under 10A-1-7.07

4. **A copy of the name reservation received from the Office of the Alabama Secretary of State must be attached.**

5. Street (**No PO Boxes**) Address of principal office: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

\_\_\_\_\_

6. Entity’s jurisdiction of formation: \_\_\_\_\_

(State or Country, if formed outside the United States, of formation)

7. Date of the entity’s formation in state/country of jurisdiction: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

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8. The undersigned certifies that the foreign entity exists as a valid Professional Limited Liability Company under the laws of the entity's jurisdiction of formation
9. Name of registered agent for service of process (**MUST** be physically located in Alabama): \_\_\_\_\_  
\_\_\_\_\_
10. Street (**No PO Boxes**) Address of initial registered office (**MUST** be office of registered agent and physically located in Alabama): \_\_\_\_\_  
\_\_\_\_\_

Mailing Address **in** Alabama of registered agent/office (if different from street address) \_\_\_\_\_  
\_\_\_\_\_

11. The entity designates the following Alabama licensed individual or individuals through whom it will render professional services in Alabama and certifies that those individuals are not, at the time of designation, so designated by any other foreign professional entity (names, mailing addresses, and evidence of licenses):  
\_\_\_\_\_  
\_\_\_\_\_

Attach copies or additional pages if necessary.

12. The entity acknowledges that it will be subject to the jurisdiction of the Alabama regulatory and licensing authorities with respect to any professional services rendered to clients or patients in Alabama.
13. No foreign professional entity shall maintain an office in Alabama for the conduct of business or professional practice until it has obtained a certificate of authority to render professional services in Alabama:

\_\_\_\_\_ Certificate attached                      or                      \_\_\_\_\_ Not Applicable

14. If the entity registering is a Non Profit LLC, Series LLC or Non-Profit Series LLC. Please check type below:

\_\_\_\_\_ Non-Profit PLLC                      \_\_\_\_\_ Series PLLC                      \_\_\_\_\_ Non-Profit Series PLLC

15. The foreign entity will begin or began transacting business in Alabama (**a date must be provided**):

Began or Will begin doing business: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_  
Date (MM/DD/YYYY)

\_\_\_\_\_  
Typed Name and Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

In order to review the sections of the *Code of Alabama 1975* referred to in this filing form you may access [www.sos.alabama.gov](http://www.sos.alabama.gov) and Go to Records. Choose the Code of Alabama link to review.

**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. 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 and expedite fee but will not show convenience fees which will be charged by your card service provider (generally these fees are between 2% and 5% of the total charge).

**Information MUST be typed or laser printed on a computer.**

Entity Name: \_\_\_\_\_

Service Requested:      X   \$150.00 Registration filing fee

                          \_\_\_\_\_ \$100.00 Expedited Processing fee

Hold at Front Desk for Pick-up for: \_\_\_\_\_

(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

\_\_\_\_\_ **Check is attached** - Please make one check payable for the total amount of the fees (i.e., \$250. if you are requesting expedited service) 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