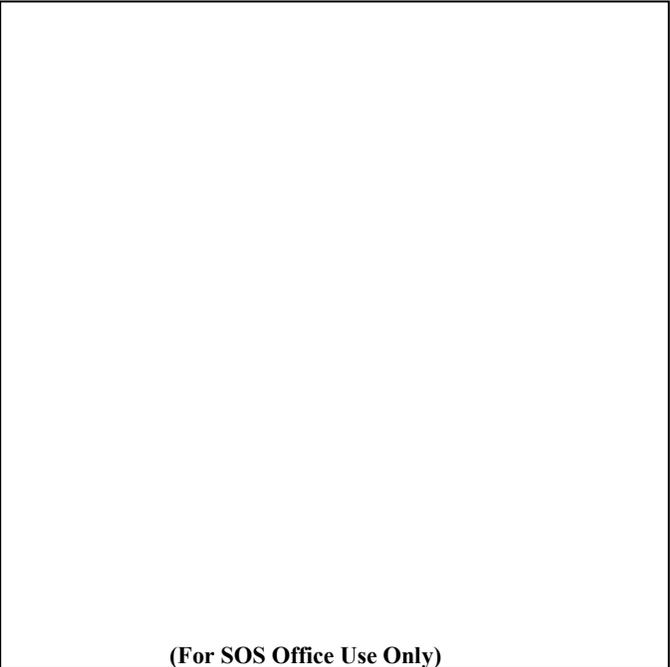


STATE OF ALABAMA

STATEMENT OF AUTHORITY FOR FOREIGN LIMITED LIABILITY PARTNERSHIP (LLP)

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Sections 10A-8A-1:01 and 10A-1-7.04(c) of the Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) completed forms and the \$150.00 filing fee by check, money order, or credit card to the Secretary of State, Business Services, PO Box 5616, Montgomery, AL 36103-5616. (if a return copy is requested send the copy and a preaddressed postage paid return envelope with your Registration). This application is only accepted via mail or courier and will not be accepted via email. Using a credit card and our website, you may file the Foreign LLP online in the time it takes to type this application. If a copy is provided/paid the acknowledgement will be returned via USPS. 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. NOT REQUIRED: Delayed effective date ____ / ____ / ____ MUST be after date of receipt by Alabama Secretary of State's Office and not more than 90 days after signing of this document. If this is not completed the filing will be dated the date received in approvable format.

2. Partnership Full Legal Entity Name in jurisdiction of formation: _____

3. The registered name of the Partnership for use in Alabama only if the legal name is not available in Alabama:

Under 10A-1-7.07, the name of the partnership must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP". A fictitious name may be used only if the legal entity name is not available for use in Alabama or the name does not comply with Article 5 of Title 10A.

____ A copy of the Name Reservation received from the Office of the Alabama Secretary of State is attached. OR

____ The entity requests approval of the name prior to registration and has included a separate \$25.00 processing fee.

4. If a fictitious name is used the undersigned certifies the resolution of the LLP'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

**STATEMENT OF A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

5. State/Country of Formation: _____ Date of Formation (MM/DD/YYYY): _____ / _____ / _____

6. Street (**No PO Boxes**) Address of Principal Office in the State/Country of Formation: _____

Mailing Address (if different from street address): _____

7. The Name of the Registered Agent in Alabama: _____
Registered agent/office must be physically located in the State of Alabama (10A-1-5.31)

Street (**No PO Boxes**) Address of Registered Agent in Alabama: _____

Mailin Address of Agent (if different form street address): _____

8. The purpose/nature of the business of the partnership: _____

9. The Partnership began/will begin doing business in Alabama on: _____ / _____ / _____ (MM/DD/YYYY)

10. The undersigned certify that this entity is a valid existing limited liability partnership in the state/country of formation named in item 5 above.

11. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, 10A-1-7.04(d) 10A-8A-1.06 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

**STATEMENT OF A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

One or more partners may sign.

Date

Typed Name of Partner Authorized

Signature of above Stated Authority

Date

Typed Name of Partner Authorized

Signature of above Stated Authority

Date

Typed Name of Partner Authorized

Signature of above Stated Authority

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 are expediting and 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 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 laser printed on a computer.

Entity Name: _____

Service Requested: \$150.00 Registration filing fee
 \$4.00 Copy Fee (Acknowledgement copy-Sent by Standard Mail)
 \$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)

*Email filing to: _____
(ONLY for expedited filings) 1- email No paper copy will be mailed.

_____ **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