

**STATE OF ALABAMA**

**FOREIGN LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF AUTHORITY (LLLP)**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Section 10A-1-7.04 of the Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$150.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. or you may email the filing to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov) **If you are submitting this filing via email and would like a copy returned to you, check \$4.00 copy fee on the credit card payment form.** 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).

**This form must be typed**

1. Partnership Full Legal Name: \_\_\_\_\_

2. The registered name of the Partnership for use in Alabama (must contain the phrase Limited Liability Limited Partnership; or the abbreviation LLLP, L.L.L.P. and comply with Sections 10A-1-7.07 (4) :

\_\_\_\_\_

\*A fictitious name may be used **only** if the legal name is not available for use in Alabama or the name does not contain the words “Limited Liability Limited Partnership” or LLLP or L.L.L.P. (10A-1-7.07).

3. If a fictitious name is used the undersigned certifies the resolution of the LLLP’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. State/Country of Formation: \_\_\_\_\_

6. Full Date of Formation (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

7. Street (**No PO Boxes**)Address of Principal Office in the State/Country of Formation: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**(For SOS Use Only)**

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

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8. The Name of the Registered Agent In Alabama: \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address of Registered Agent in Alabama (if different from street address): \_\_\_\_\_

\_\_\_\_\_

9. 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)

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

11. The names, street addresses, and mailing addresses for each of the general partners must be attached pursuant to Section 10A-9A-1.11(1). Use this page to provide the information. Add additional pages if necessary to include all general partners.

The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_

Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_

The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_

Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of General Partner Signing Document

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

\_\_\_\_\_  
Signature of General Partner

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**Additional General Partners**

The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_  
Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_  
The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_  
Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_  
The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_  
Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_  
The name of the General Partner: \_\_\_\_\_

Street (**No PO Boxes**) address of General Partner: \_\_\_\_\_

\_\_\_\_\_  
Mailing address of General Partner (if different from Street Address): \_\_\_\_\_

**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 return email address, you will not receive a 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 but will not show convenience fees (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: \_\_\_\_\_

Service Requested:  \$150.00 Statement of Authority filing fee

\$4.00 Copy Fee (Acknowledgement Copy if submitted by email)

**If submitted by email check one:** Return by  email  postal mail

Return via email (paper copy will not be sent): \_\_\_\_\_

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

**There is no notification service/call for pick-up.** (Service providers who run couriers for pick-up)

**Choose one of the following:**

Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

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 BOX

\_\_\_\_\_  
City

State

Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**