

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 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**. The entity will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee). **Using a credit card and our website, you may file the Foreign LLP online in the time it takes to type this application.**

This form must be typed.

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 which governs the foreign limited liability partnership's partnership agreement and under which it is a limited liability partnership 10A-1-7.04(c)(2):__

3. **A copy of the Name Reservation received from the Office of the Alabama Secretary of State must be attached.**

4. 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.

5. 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

6. State/Country of Formation: _____

7. Date of Formation (MM/DD/YYYY): ____ / ____ / ____

(For SOS Use Only)

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

**STATEMENT OF A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

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

Mailing Address (if different from street address): _____

9. 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: _____

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

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

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

12. The undersigned certify that this entity is a valid existing limited liability partnership under the laws of the jurisdiction which governs the foreign limited liability partnership's partnership agreement and under which it is a limited liability partnership. 10A-1-7.04(c)(4)

13. 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 (MM/DD/YYYY)

Typed Name of Partner Authorized

Signature of above Stated Authority

Date (MM/DD/YYYY)

Typed Name of Partner Authorized

Signature of above Stated Authority

Date (MM/DD/YYYY)

Typed Name of Partner Authorized

Signature of above Stated Authority

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 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 Registration filing fee

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

City

State

Zip

Signature of Card Holder: _____

MUST be Signature of Card Holder