

**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 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).

**This form must be typed.  
Emailed applications will not be acknowledged, reviewed, processed, or returned.**

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) \_\_\_\_\_

\_\_\_\_\_

**(For SOS Use Only)**

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

**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**