

**STATE OF ALABAMA**

**DOMESTIC GENERAL PARTNERSHIP (GP)  
STATEMENT OF PARTNERSHIP**

PURPOSE: In order to registered a general partnership under Section 10A-8A-1.06 of the Code of Alabama 1975 this Statement of Partnership and the appropriate filing fees must be filed with the Office of the Alabama Secretary of State – if the chief executive office is located outside the State of Alabama you will need to file as a Foreign General Partnership with the Alabama Secretary of State’s office. **The information required in this form is required by Title 10A.**

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 \$200.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. The Secretary of State shall pay the sum of \$100.00 to the county treasurer for the county in which the office of the initial registered agent for that entity is located. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

**The information completing this form must be typed or laser printed.**

\_\_\_\_\_ **Statement of Partnership**

\_\_\_\_\_ **Statement of Not For Profit Partnership**

1. The name of the General Partnership (must contain the words “General Partnership”, G.P. or GP and comply with Code of Alabama, Title 10A-1-5.03):  
  
\_\_\_\_\_
2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**
3. Date Partnership was formed pursuant to, or became governed by, the laws of this State: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
4. Street (**No PO Boxes**) address of the principal office of the partnership (must be in Alabama or you must file as a Foreign General Partnership with the Alabama Secretary of State’s office):  
  
\_\_\_\_\_

Mailing address of the principal office (if different from street address): \_\_\_\_\_  
  
\_\_\_\_\_

**(For SOS Office Use Only)**

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

**DOMESTIC GENERAL PARTNERSHIP (GP) STATEMENT OF PARTNERSHIP**

5. The name of the Registered Agent (only one agent): \_\_\_\_\_

6. Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**): \_\_\_\_\_

\_\_\_\_\_  
\*COUNTY of above address: \_\_\_\_\_

Mailing address **in Alabama** of Registered Office (if different from street address): \_\_\_\_\_

7. This Partnership is formed for the purpose of carrying out a for profit business in accordance with 10A-8A-2.01(a)(i) OR a not for profit activity in accordance with 10A-8A-2.01(a)(ii), has two or more partners, and the partnership agreement is governed by the laws of this State and if the partnership agreement is a written partnership agreement, the undersigned declares that the written partnership agreement has a provision stating that the partnership agreement is governed by the laws of this State.

8. Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Name of Partner: \_\_\_\_\_

Mailing Address of Partner: \_\_\_\_\_

Add additional listing of Partners and mailing addresses if necessary.

9. The registration of the general partnership is effective immediately on the date the registration is filed with the Secretary of State or at the later date specified in this filing.

The undersigned specify \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ as the effective date (must be later than the date filed in the office of the Secretary of State.)

\_\_\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the general partnership. The partnership agreement may be attached and made part of this statement.

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**Under 10A-8A-2.02: except as specifically provided otherwise in the chapter, a statement filed by a partnership must be executed by at least two partners. Additional partners may sign.**

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

\_\_\_\_\_  
Signature as required by 10A-8-1.06

\_\_\_\_\_  
Typed Name of Partner Signing Above

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

\_\_\_\_\_  
Signature as required by 10A-8-1.06

\_\_\_\_\_  
Typed Name of Partner Signing Above

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

\_\_\_\_\_  
Signature as required by 10A-8-1.06

\_\_\_\_\_  
Typed Name of Partner Signing Above

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

\_\_\_\_\_  
Signature as required by 10A-8-1.06

\_\_\_\_\_  
Typed Name of Partner Signing Above

\*County of Registered Agent is requested in order to determine distribution of County filing fees

**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:  \$200.00 Formation 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**