

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 **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.** 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.

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