

STATE OF ALABAMA

FOREIGN CORPORATION (BUSINESS OR NON-PROFIT)  
APPLICATION FOR REGISTRATION

PURPOSE: In order to register a foreign 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 2 copies of this completed form along with a self-addressed, stamped envelope to:**

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the **\$150.00** processing fee.

\*You may file the Application for Registration online in the time it takes to type this request.

\*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 and will not be accepted via email.**

**Check One:**      \_\_\_\_\_ Business/For-Profit Corporation      \_\_\_\_\_ Non-Profit Corporation

1. The legal name of the foreign corporation as recorded in the jurisdiction in which it was formed/incorporated:

\_\_\_\_\_

2. The name of the foreign entity for use in Alabama (only if different from the legal name\*):

\_\_\_\_\_

\*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 "corporation" or "incorporated" or an abbreviation of one of the words (such as Inc. or Corp.)

3. If a fictitious name is used, the undersigned certifies the resolution of the Corporation's governing authority to adopt the fictitious name for use in Alabama and affirms the authority to make such a certification under Section 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)

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6. The undersigned certifies that the foreign entity currently exists as a valid entity of the type stated above under the laws of the entity's jurisdiction of formation.

7. Corporation's jurisdiction of formation: \_\_\_\_\_

8. Date of the corporation's formation in state/country of jurisdiction: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

9. Name of registered agent for service of process (**MUST** be physically located in Alabama): \_\_\_\_\_

10. Street (**No PO Boxes**) address of registered office of registered agent (**MUST** be physically located in Alabama):

Mailing address **in** Alabama of registered agent/office (if different from street address) \_\_\_\_\_

11. The foreign corporation began or will begin 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

**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.**

**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**