



**FOREIGN GENERAL PARTNERSHIP (GP)
STATEMENT OF PARTNERSHIP AUTHORITY**

7. Street (**No PO Boxes**) address of principal office in the state/country of formation: _____

Mailing address (if different from street address): _____

8. Name of the registered agent **in Alabama** (must be physically located in Alabama):

Street (**No PO Boxes**) address of the registered office **in** Alabama: _____

Mailing address of registered office **in Alabama** (if different from street address): _____

The foreign entity began or will begin transacting business in Alabama (**a date must be provided**):

Began or will begin doing business: _____ / _____ / _____ (MM/DD/YYYY)

This Partnership is formed/registered for the purpose of carrying out a for profit business in accordance with 10A-8A-2.01(a)(1) OR a not for profit activity in accordance with 10A-8A-2.01(a)(2) and has two or more partners.

The names and mailing addresses for each of the partners or an agent appointed and maintained by the partnership that shall maintain a list of the names and mailing addresses of all the partners and make it available to any person on request for good cause shown ~~PWEHWWDFH~~ (10A-8A). ~~6SDH~~ Add additional pages if necessary to include all partners information.

The undersigned certify that this foreign entity is a valid existing general partnership in the state/country of formation named in item 5 above.



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