

STATE OF ALABAMA

**FOREIGN LIMITED LIABILITY COMPANY (LLC)
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.

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 (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 "Limited Liability Company" or the abbreviation "L.L.C." or "LLC" (10A-1-5.06).

3. If a fictitious name is used the undersigned certifies the resolution of the LLC'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)

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6. Entity's jurisdiction of formation: _____
(State or Country 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 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 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. If the entity registering is a Non Profit LLC, Series LLC or Non-Profit Series LLC. Please check type below:

_____ Non-Profit LLC _____ Series LLC _____ Non-Profit Series LLC

12. 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)

____/____/____
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