

STATE OF ALABAMA

DOMESTIC BUSINESS CORPORATION  
CERTIFICATE OF INCORPORATION

PURPOSE: In order to form a Business Corporation under Sections 10A-1-3.05 and 10A-2A-2.02 of the *Code of Alabama 1975*, this Certificate of Incorporation and the appropriate filing fee must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

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 **\$200.00** processing fee.

\*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.

\*You may file the Certificate of Incorporation online in the time it takes to type this request.

\*The Certificate 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 **name of the corporation** (must contain the word "Corporation" or "Incorporated," or the abbreviation of one of those words, and comply with *Code of Alabama* Section 10A-1-5.04):

\_\_\_\_\_

2. **A copy of the Name Reservation Certificate from the Office of the Secretary of State must be attached.**

3. Street (**No PO Boxes**) address of principal office of the corporation: \_\_\_\_\_

\_\_\_\_\_

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

4. The name of the registered agent (only one agent): \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

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

(For SOS Office Use Only)

**DOMESTIC BUSINESS CORPORATION CERTIFICATE OF INCORPORATION**

5. Purpose for which corporation is formed: \_\_\_\_\_  
\_\_\_\_\_;

the purpose includes the transaction of any lawful business for which corporations may be incorporated in Alabama under Title 10A, Chapter 2A of the Code of Alabama.

6. Amount of stock the corporation is authorized to issue: \_\_\_\_\_ Par Value \_\_\_\_\_ (optional)

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

**Attach additional pages if more Incorporators need to be added.**

9. A director has no liability to the corporation or its stockholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the stockholders; (C) a violation of Section 10A-2A-8.32; (D) an intentional violation of criminal law; or (E) a breach of the director’s duty of loyalty to the corporation or its stockholders.

\_\_\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the corporation.

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

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

\_\_\_\_\_  
**Signature as required by 10A-2A-1.20**

\_\_\_\_\_  
Typed name of above signature

\_\_\_\_\_  
Typed title/capacity to sign under 10A-2A-1.20

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

\_\_\_\_\_  
**Signature as required by 10A-2A-1.20**

\_\_\_\_\_  
Typed name of above signature

\_\_\_\_\_  
Typed title/capacity to sign under 10A-2A-1.20

**Dear Alabama Business Owner:**

Recently, the Alabama Legislature passed ACT 2021-223, which is a new law that requires the Secretary of State's Office to collect data about small businesses, minority-owned businesses, and women-owned businesses. Your participation in this survey will aid the state in identifying businesses that may be eligible for assistance or resources.

Please check the boxes that apply to your business:

**SMALL BUSINESS:**

- Any independently owned and operated business with no more than 50 full-time employees, a majority of whom have their permanent place of residence in the state.

**MINORITY-OWNED BUSINESS:** (African American, Hispanic, Asian American, or Native American)

- An independently owned and operated business that is at least 51% owned or controlled by one or more minority individuals, a majority of whom have their permanent place of residence in the state.

**OR**

- A publicly owned business of which at least 51% of the stock is owned and controlled by one or more minority individuals and whose daily management and operations are under the control of one or more of these minority individuals, a majority of whom have their permanent place of residence in the state.

**WOMAN-OWNED BUSINESS:**

- An independently owned and operated business that is at least 51% owned or controlled by one or more women, a majority of whom have their permanent place of residence in the state.

**OR**

- A publicly owned business of which daily management and operations are under the control of a woman or group of women, a majority of whom have their permanent place of residence in the state, and who own and control at least 51% of the stock of the business or an equivalent ownership stake.

**OTHER:**

- Check this box if you prefer not to respond.

**If none of these apply to your business, please disregard.**

**Thank you for your contributions to the State of Alabama.**

**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.**

**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**