

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 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. 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 Section 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 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 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