

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP (LP)
CERTIFICATE OF INFORMATION

PURPOSE: Under Section 10A-9A-2.06(d) of the *Code of Alabama 1975*, the Secretary of State shall not issue a Certificate of Existence for a Limited Partnership filed prior to January 1, 2011 until the Limited Partnership files a Certificate of Information which includes the information required under Section 10A-9A-2.01(a)(1), (a)(2), (a)(3), (a)(4), (a)(5) and (a)(6) and attached certified copies of all writings filed as to the Limited Partnership and any fees required with the Secretary of State.

INSTRUCTIONS: ***Mail 2 copies of this completed form, along with one certified copy of all records filed as to Limited Partnership to:**

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

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*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 Limited Partnership: _____
2. Alabama Entity ID Number (Format: 000-000-000): _____ - _____ - _____ **TO OBTAIN ID NUMBER,** go to our website at www.sos.alabama.gov, click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. **This step is strongly recommended.**
3. The name of the registered agent: _____
 Street (**No PO Boxes**) address of registered office: _____

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

4. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use page 2 of this document to provide this information. You may duplicate the blank page 2 form as necessary to include all general partners. This information is required pursuant to Section 10A-9A-2.01(a)(4) and the signatures are required pursuant to Section 10A-9A-2.03.
5. The undersigned verifies that this is not a limited liability limited partnership.

(For SOS Office Use Only)

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

DOMESTIC LIMITED PARTNERSHIP (LP) CERTIFICATE OF INFORMATION

Must be signed by 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): _____

Signature of General Partner

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Street (**No PO Boxes**) address of General Partner: _____

Mailing address of General Partner (if different from street address): _____

Signature of General Partner

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Street (**No PO Boxes**) address of General Partner: _____

Mailing address of General Partner (if different from street address): _____

Signature of General Partner

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 (these fees are 3% of the total charge plus \$2.00).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

AL Entity ID #, required for all filings other than formation/registration: _____
(ex: 000-000-000)

Service Requested: \$100.00 LP Certificate of Information 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