

STATE OF ALABAMA

FOREIGN GENERAL PARTNERSHIP (GP)
STATEMENT OF PARTNERSHIP AUTHORITY

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.

_____ For Profit General Partnership

_____ Non-Profit General Partnership

1. Partnership's full legal entity name in jurisdiction of formation:

2. The name of the foreign entity for use in Alabama. You may use a fictitious name **only** if the legal entity name of the Partnership above is not available in Alabama or the name does not comply with Article 5 of Title 10A. The name must contain the word "General Partnership", "GP", "G.P." **OR** "Not For Profit General Partnership", "NGP", "N.G.P." and satisfy the requirements of 10A-1-7.07.

3. If a fictitious name is used the undersigned certifies the resolution of the General Partnership'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): ____ / ____ / ____

(For SOS Use Only)

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

**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): _____

9. 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)

10. 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.

11. 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, must be attached (10A-8A). (See page 3). Add additional pages if necessary to include all partners information.

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

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

Under Section 10A-8A-2.03: except as specifically provided otherwise in the Code of Alabama, a statement filed by a partnership must be executed by at least two partners. Additional partners may sign.

____/____/____
Date (MM/DD/YYYY)

Typed name of partner signing document

Signature of Partner

____/____/____
Date (MM/DD/YYYY)

Typed name of partner signing document

Signature of Partner

ATTACH ADDITIONAL NAMES AND MAILING ADDRESSES IF NECESSARY:

The name of Agent for Partnership (see item #11):_____

Mailing address of Agent:_____

The name of Partner:_____

Mailing address of Partner:_____

The name of Partner:_____

Mailing address of Partner:_____

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

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

Entity Name: _____

Service Requested: X \$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