

STATE OF ALABAMA

**APPLICATION FOR REGISTRATION AS A
FOREIGN REGISTERED LIMITED LIABILITY
PARTNERSHIP**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Sections 10A-8-10.06 and 10A-1-7.04 of the Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed originals of this completed registration, one (1) Certificate of Existence or Good Standing obtained within six months of the filing of this application, and the \$150.00 filing fee (standard processing – no time period guaranteed) or \$250.00 expedited filing fee (processed within 3 business days after the date of receipt of the registration) paid by check, money order, or credit card to the **Secretary of State, Business Services /Business Entities, P.O. Box 5616, Montgomery, Alabama, 36103-5616**. You may email this application to foreign.entities@sos.alabama.gov if you are paying by credit card (do not scan in 2 copies you will need to authorize a \$3.00 copy fee to receive a acknowledgement copy unless you are expediting processing). If copy is provided/paid the acknowledgement will be returned via USPS or email if expedited processing is paid. **FAX submissions will not be processed, acknowledged, or returned.** The registration will not be filed if the credit card fails to authorize and will be removed if the check is dishonored.

(For SOS Office Use Only)

This form must be typed or laser printed.

1. Partnership Full Legal Name: _____

2. The registered name of the Partnership for use in Alabama if the legal name is not available in Alabama:

_____ Under 10A-1-5.07, the name of the partnership must contain the words “Registered Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP”.

___ A copy of the name registration received from the Office of the Alabama Secretary of State is attached. **OR**

___ The entity requests approval of the name prior to registration and has included a separate \$25.00 fee for expedited processing.

3. State/Country of Formation: _____ Date of Formation (MM/DD/YYYY): _____ / _____ / _____

4. Street (**No PO Boxes**) Address of Principal Office in the State/Country of Formation: _____

_____ Mailing Address (if different): _____

5. The Name of the Registered Agent In Alabama: _____ Registered agent/office must be physically located in the State of Alabama (10A-1-5.31).

Street (**No PO Boxes**) Address of Registered Agent in Alabama: _____

_____ Mailing Address of Agent (if different): _____

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6. The purpose/nature of the business of the partnership: _____

7. The Partnership began/will begin doing business in Alabama on: _____ / _____ / _____ (MM/DD/YYYY)
8. The undersigned certify that this entity is a valid existing limited liability partnership in the state/country of formation named in item 3 above.
9. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, 10A-8-1.06 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

Typed Name of Partner Authorized

Date

Signature of above Stated Authority

Typed Name of Partner Authorized

Date

Signature of above Stated Authority

