

STATE OF ALABAMA

DOMESTIC LIMITED PARTNERSHIP (LP)  
CERTIFICATE OF FORMATION

PURPOSE: In order to form a Limited Partnership under Section 10A-9A-2.01 of the *Code of Alabama 1975*, this Certificate and the appropriate filing fees must be filed with the Secretary of State's office.

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 Limited Partnership (must contain the phrase "Limited Partnership"; the word "Limited"; or the abbreviation "LP", "L.P.", or "Ltd."; and comply with the *Code of Alabama* Section 10A-1-5.01 et seq.):

\_\_\_\_\_

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

3. 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): \_\_\_\_\_

\_\_\_\_\_

4. This Partnership is not a Limited Liability Limited Partnership and will not be registered as such. The undersigned understand and agree that in order to file a Limited Liability Limited Partnership, a different form with additional information would be required (for example: see Certificate of Formation for LLLP).

5. 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 and duplicate the blank 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(a)(1).

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

(For SOS Office Use Only)

**DOMESTIC LIMITED PARTNERSHIP (LP) CERTIFICATE OF FORMATION**

**Must be signed by all General Partners**

The name of the General Partner: \_\_\_\_\_

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

Mailing address (if different): \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of General Partner**

The name of the General Partner: \_\_\_\_\_

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

Mailing address (if different): \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of General Partner**

The name of the General Partner: \_\_\_\_\_

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

Mailing address (if different): \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of General Partner**

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

**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:  \$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**