

STATE OF ALABAMA

STATEMENT OF AUTHORITY FOR
FOREIGN LIMITED LIABILITY PARTNERSHIP (LLP)

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Sections 10A-8A-1.01 and 10A-1-7.04(c) 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.

*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. **NOT REQUIRED:** Delayed effective date ____ / ____ / ____ MUST be after date of receipt by Alabama Secretary of State's Office and not more than 90 days after signing of this document. If this is not completed the filing will be dated the date received in approvable format.
2. Partnership's full legal entity name in jurisdiction which governs the foreign limited liability partnership's partnership agreement and under which it is a limited liability partnership 10A-1-7.04(c)(2):

3. ***A copy of the Name Reservation received from the Office of the Alabama Secretary of State must be attached.***

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

Under 10A-1-7.07, the name of the partnership must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP". A fictitious name may be used only if the legal entity name is not available for use in Alabama or the name does not comply with Sections 10A-1-5.01---5.36

5. If a fictitious name is used the undersigned certifies the resolution of the LLP'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.

6. State/Country of Formation: _____

7. Date of Formation (MM/DD/YYYY): ____ / ____ / ____

(For SOS Use Only)

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

**STATEMENT OF A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

8. Street (**No PO Boxes**) address of principal office in the state/country of formation: _____

Mailing address (if different from street address): _____

9. 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 from street address): _____

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

11. The Partnership began/will begin doing business in Alabama on: _____ / _____ / _____ (MM/DD/YYYY)

12. The undersigned certify that this entity is a valid existing limited liability partnership under the laws of the jurisdiction which governs the foreign limited liability partnership's partnership agreement and under which it is a limited liability partnership. 10A-1-7.04(c)(4)

13. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, Sections 10A-1-7.04(d) and 10A-8A-1.06 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

**STATEMENT OF A FOREIGN
LIMITED LIABILITY PARTNERSHIP**

One or more partners may sign.

Date (MM/DD/YYYY)

Typed name of partner authorized

Signature of above stated authority

Date (MM/DD/YYYY)

Typed name of partner authorized

Signature of above stated authority

Date (MM/DD/YYYY)

Typed name of partner authorized

Signature of above stated authority

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: \$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