

**STATE OF ALABAMA**

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

PURPOSE: Under Section 10A-9-2.09(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, 2010 until the Limited Partnership files a Certificate of Information [which includes the information required under Section 10A-9-2.01(a) and attached certified copies of all records filed as to the Limited Partnership] and any fees required with the Secretary of State.

INSTRUCTIONS: Mail two (2) signed originals of this completed Certificate of Information, one (1) certified copy of all records filed with Judge of Probate as to Limited Partnership, and the filing fee (\$25.00) to the **Secretary of State, Business Services /Business Entities, P.O. Box 5616, Montgomery, Alabama, 36103-5616.**

**(For SOS Office Use Only)**

**This form must be typed or laser printed.**

1. Alabama Entity ID Number (Format: 000-000): \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTION TO OBTAIN ID NUMBER TO COMPLETE FORM:** You may obtain the entity ID number on our website at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab. Click on Business Entity Records, click on Entity Name, enter the registered name of the Partnership in the appropriate box, and enter. The six (6) digit number containing a dash to the left of the name is the entity ID number. If you click on that number, you can check the details page to make certain that you have the correct entity – this verification step is strongly recommended.

2. The registered name of the Partnership:

\_\_\_\_\_

3. Street (**No PO Boxes**) Address of Designated/Principal Office: \_\_\_\_\_

\_\_\_\_\_

4. Mailing Address of Designated/Principal Office (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_

5. The Name of the Registered Agent: \_\_\_\_\_

Street (**No PO Boxes**) Address of Registered Agent: \_\_\_\_\_

\_\_\_\_\_

Mailing Address of Registered Agent (if different from Street Address): \_\_\_\_\_

\_\_\_\_\_

6. 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-9-2.01(3) and the signatures are required pursuant to Section 10A-9-2.04.

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

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

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

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