

STATE OF ALABAMA

**REGISTERED LIMITED LIABILITY PARTNERSHIP (LLP)
CERTIFICATE OF FORMATION - DOMESTIC**

PURPOSE: In order to form a registered limited liability partnership under Section 10A-1-3.05 and 10A-8-10.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity’s principal office is located – the registered office location determines filing if it differs from the principal office. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fee to the Office of the Judge of Probate in the in the county where the partnership’s principal/registered office is/will be located. Contact the Judge of Probate’s Office to determine the county filing fees. Make a separate check or money order payable to the **Secretary of State for the state filing fee of \$100.00 for standard processing or \$200.00 if expedited processing within 24 hours after receipt by the Office of the Secretary of State is requested (10A-1-4.31).** The Judge of Probate’s Office will transmit the fee along with a certified copy of the filed document to the Office of the Secretary of State within 10 days after the filing is recorded. Once the Secretary of State’s Office has indexed the filing, the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment (see attached). Your filing will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

The information completing this form must be typed or laser printed.

1. The name of the limited liability partnership (must contain the words “Registered Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP,” and comply with Code of Alabama, Title 10A-1-5.07):

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2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].**

(For SOS Office Use Only)

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

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3. Street (**No PO Boxes**) address of principal office of the limited liability partnership:

Mailing address of principal office (if different from street address): _____

4. The name of the Registered Agent: _____

5. Street (**No PO Boxes**) address of Registered Office – must be location of Registered Agent (if different from principal office address):

Mailing address of Registered Office/Agent (if different from street address): _____

6. Purpose for which the limited liability partnership was formed: _____

7. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

8. The name(s) of the Organizer(s): _____

Street (**No PO Boxes**) address of Organizer(s): _____

_____ Mailing address of Organizer(s) – (if

different from street address): _____

Attach a listing if more Organizers need to be added.

9. The partnership hereby registers as a registered limited liability partnership.

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10. The registration of the limited liability partnership is effective immediately on the date the registration is filed with the judge of probate or at the later date specified in this filing.

The undersigned specify _____ / _____ / _____ as the effective date (must be later than the date filed in the office of the county judge of probate).

_____ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability partnership.

Date (MM/DD/YYYY)

Signature as required by 10A-8-10.01

Typed Name of Above Signature

Typed Title

Additional partners may sign (attach listing if necessary).

Date (MM/DD/YYYY)

Signature as required by 10A-8-10.01

Typed Name of Above Signature

Typed Title

Date (MM/DD/YYYY)

Signature as required by 10A-8-10.01

Typed Name of Above Signature

Typed Title

Secretary of State Credit Card Payment Option Sheet: Check with the County Probate Judge's Office in which you will be filing prior to filing to make sure that the credit card payment will be accepted. **If the County Probate Office does not accept this option, it is not available for this filing.**

NOTE: You will not receive a credit card receipt from the Secretary of State's Office and the office personnel will not be able to search credit card transactions to help you balance your accounts. Please do not use this option if you need a receipt. The filed document, if you obtain a copy, will be stamped showing the receipt of the filing fee and expedite fee, if any, but no convenience fees.

Information must be typed or laser printed.

Partnership Name: _____

Card Type: _____ (Visa, MC, Discover & AmEx)

Service Requested: _____ \$100.00 Formation filing fee
 _____ \$100.00 Expedited Processing fee *

Card Number: _____

Expiration Mo/Yr: _____/_____/_____ (MM/YY)

Card Holder Name: _____

Complete Billing Address: _____

Street or PO

City

State

Zip

Signature of Card Holder: _____

MUST be Signature (not typed name) of Card Holder

*Expedited Processing is available at the Secretary of State's (SOS) Office for an additional \$100.00 fee. The SOS Office will index a filing within approximately twenty four (24) hours of receipt from the Office of the County Probate Judge.