

**STATE OF ALABAMA**

**DOMESTIC NONPROFIT CORPORATION  
CERTIFICATE OF FORMATION**

PURPOSE: In order to form a Nonprofit Corporation under Section 10A-1-3.05 and 10A-3-3.02 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 corporation's initial registered office is located. **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 fees to the Office of the Judge of Probate in the county where the corporation's 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** and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at [www.sos.alabama.gov](http://www.sos.alabama.gov) under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy and the Secretary of State's Office does not send out a copy. 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 corporation 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)

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

1. The name of the corporation: \_\_\_\_\_
2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**
3. This nonprofit corporation (MUST check one):  
 has Members **or**  has no Members

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

(For SOS Office Use Only)

**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

4. Street (**No PO Boxes**) address of principal office of the corporation: \_\_\_\_\_

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

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

6. Street (**No PO Boxes**) address of Registered Agent (if different from principal office address): \_\_\_\_\_

\_\_\_\_\_  
Mailing address of Registered Agent (if different from street address): \_\_\_\_\_

7. Purpose for which corporation is formed: \_\_\_\_\_

\_\_\_\_\_; the purpose includes the transaction of any lawful business for which nonprofit corporations may be incorporated in Alabama under Title 10A, Chapter 3 of the Code of Alabama.

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

9. The name(s) of the Incorporator(s): \_\_\_\_\_

Street (**No PO Boxes**) address of Incorporator(s): \_\_\_\_\_

\_\_\_\_\_  
Mailing address of Incorporator(s) – (if different from street address): \_\_\_\_\_

**Attach a listing if more Incorporators need to be added (type “see attached” in the name line).**

10. The number of Directors constituting the initial Board of Directors is \_\_\_\_\_. (Minimum of 3 under section 10A-3-2.09) The initial Directors names and addresses must be listed in this Certificate of Formation.

Director’s Name: \_\_\_\_\_

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

\_\_\_\_\_  
Mailing address of Director(s) - (if different from street address): \_\_\_\_\_

**DOMESTIC NONPROFIT CORPORATION CERTIFICATE OF FORMATION**

Director's Name: \_\_\_\_\_

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

\_\_\_\_\_ Mailing address of Director(s) - (if different from street address): \_\_\_\_\_

Director's Name: \_\_\_\_\_

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

\_\_\_\_\_ Mailing address of Director(s) - (if different from street address): \_\_\_\_\_

**Attach listing if more Directors need to be added (type "see attached" in the name line for the first Director on this form).**

11. Unless an attachment to this Certificate of Formation provides that a change in the number of directors shall be made only by amendment to the Certificate of Formation, a change in the number of directors made by amendment to the bylaws shall be controlling. In all other cases, whenever a provision of the Certificate of Formation is inconsistent with a bylaw, the provision of the Certificate of Formation shall be controlling.

\_\_\_ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or regulation of the internal affairs of the nonprofit corporation, including any provisions for distribution of assets on dissolution or final liquidation.

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

\_\_\_\_\_  
Signature as required by 10A-1-3.04

\_\_\_\_\_  
Typed Name of Above Signature

\_\_\_\_\_  
Typed Title/Capacity to Sign under 10A-1-3.04

**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.**

**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 and/or expedite payment will be accepted. **If the County Probate Office does not accept either option, the options are not available for this filing.**

Name of the Corporation: \_\_\_\_\_

Card Type: \_\_\_\_\_ (Visa, MC, Discover & AmEx)

Service Requested: \_\_\_\_\_ \$100.00 Certificate of 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 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. The fee must accompany the filing when it is submitted to the County Probate Judge's Office – we will not be able to search for filings to match with expedite fees sent separately once they are in the workflow.