

**STATE OF ALABAMA**

**APPLICATION FOR REGISTRATION AS A  
FOREIGN REGISTERED LIMITED LIABILITY  
PARTNERSHIP**

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Sections 10A-8-10.06 and 10A-1-7.04 of the Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed originals of this completed registration, one (1) Certificate of Existence or Good Standing obtained within six months of the filing of this application, and the \$150.00 filing fee (standard processing – no time period guaranteed) or \$250.00 expedited filing fee (processed within twenty four (24) hours of receipt of the registration) paid by check, money order, or credit card to the **Secretary of State, Business Services /Business Entities, P.O. Box 5616, Montgomery, Alabama, 36103-5616**. You may email this application to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov) if you are paying by credit card (do not scan in 2 copies you will need to authorize a \$3.00 copy fee to receive a acknowledgement copy unless you are expediting processing). If copy is provided/paid the acknowledgement will be returned via USPS or email if expedited processing is paid. **FAX submissions will not be processed, acknowledged, or returned.** The registration will not be filed if the credit card fails to authorize and will be removed if the check is dishonored.

(For SOS Office Use Only)

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

1. Partnership Full Legal Name: \_\_\_\_\_

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

\_\_\_\_\_ Under 10A-1-5.07, the name of the partnership must contain the words “Registered Limited Liability Partnership” or the abbreviation “L.L.P.” or “LLP”.

\_\_\_\_ A copy of the name registration received from the Office of the Alabama Secretary of State is attached. **OR**

\_\_\_\_ The entity requests approval of the name prior to registration and has included a separate \$25.00 fee for expedited processing.

3. State/Country of Formation: \_\_\_\_\_ Date of Formation (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Street (**No PO Boxes**) Address of Principal Office in the State/Country of Formation: \_\_\_\_\_

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

5. 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): \_\_\_\_\_

**APPLICATION FOR REGISTRATION AS A  
FOREIGN REGISTERED LIMITED LIABILITY PARTNERSHIP**

6. The purpose/nature of the business of the partnership: \_\_\_\_\_  
\_\_\_\_\_
7. The Partnership began/will begin doing business in Alabama on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)
8. The undersigned certify that this entity is a valid existing limited liability partnership in the state/country of formation named in item 3 above.
9. The undersigned signatory authority certifies that the signature(s) meet the requirements of the *Code of Alabama 1975*, 10A-8-1.06 to include, but not be limited to declarations regarding accuracy and penalty of perjury, and any copy requirements.

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of above Stated Authority

\_\_\_\_\_  
Typed Name of Partner Authorized

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of above Stated Authority

