

**STATE OF ALABAMA
DOMESTIC GENERAL PARTNERSHIP (GP)
STATEMENT OF PARTNERSHIP AUTHORITY**

PURPOSE: In order to registered a general partnership under Section 10A-8-1.06 of the Code of Alabama 1975 this Statement of Partnership Authority and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's chief executive office is located – if the chief executive office is located outside the State of Alabama you will need to file as a Foreign General Partnership with the Alabama Secretary of State's 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 chief executive 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 \$25.00 for standard processing or \$125.00 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 Records tab and then Record Searches, Business Entity Records – 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 General Partnership:

2. **A Name Reservation certificate from the Office of the Secretary of State is not required under Title 10A.**

(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 the chief executive office of the partnership (must be in Alabama or you must file as a Foreign General Partnership with the Alabama Secretary of State's office):

Mailing address of the chief executive office (if different from street address): _____

4. Period of duration is five (5) years after the date the statement is filed/dated by the Judge of Probate or the most recent amendment filed/dated by the Judge of Probate. At the end of the five (5) year term the partnership is cancelled by operation of law.

5. The partnership must provide the names and mailing addresses of all the partners or of an agent appointed and maintained by the partnership for the purpose of maintaining a list of the names and mailing addresses of all the partners and making it available to any person on request for good cause shown.

Name of Agent for Partnership: _____

Mailing Address of Agent: _____

or

Name of Partner: _____

Mailing Address of Partner: _____

Name of Partner: _____

Mailing Address of Partner: _____

Name of Partner: _____

Mailing Address of Partner: _____

Name of Partner: _____

Mailing Address of Partner: _____

Add additional listing of Partners and mailing addresses if necessary.

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6. The registration of the general 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 general partnership. The partnership agreement may be attached and made part of this statement.

Under 10A-8-1.06: except as specifically provided otherwise in the chapter, a statement filed by a partnership must be executed by at least two partners. Additional partners may sign.

Date (MM/DD/YYYY)

Signature as required by 10A-8-1.06

Typed Name of Partner Signing Above

Date (MM/DD/YYYY)

Signature as required by 10A-8-1.06

Typed Name of Partner Signing Above

Secretary of State Payment Option Sheet: Check with the County Probate Judge's Office in which you will be filing prior to filing to determine whether they will accept the credit card payment. **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. 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: _____

Service Requested: _____ \$25.00 Statement of Authority filing fee

_____ \$100.00 Expedited Processing fee
(Approximately 24 hours after the date received
from the County Probate Judge's Office)

If you are paying by check or money order, please make one instrument for the total amount of fees.

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

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