

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

PURPOSE: To register with the Secretary of State prior to transacting business in Alabama pursuant to Section 10A-8-1.06 of the Code of Alabama 1975.

INSTRUCTIONS: Mail one (1) signed original of this completed Statement, one (1) certified copy of the Partnership Statement from the jurisdiction of formation, and the \$25.00 filing fee (payment options sheet attached) to the **Secretary of State, Business Services /Business Entities, P.O. Box 5616, Montgomery, Alabama, 36103-5616**. If you pay by check and your check is not honored, the filing will be removed. **If you would like a copy of the stamped filing returned to you include a copy and a postage paid self-addressed envelope with the filing.**

(For SOS Office Use Only)

**This form must be typed or laser printed.
The filing will not be accepted or acknowledged via fax or email.**

1. Partnership Full Legal Name (must agree with certified Partnership Statement from jurisdiction of formation):

No name reservation is required prior to filing the Statement with the Alabama Secretary of State.

2. State/Country of Formation:_____ Full Date of Formation (mm/dd/yyyy):_____

3. The undersigned certify that the Partnership exists as a valid General Partnership in the jurisdiction of formation.

4. The date the Partnership began or will begin doing business in Alabama (mm/dd/yyyy):_____ / _____ / _____

5. Street (**No PO Boxes**)Address of Chief Executive Office in the State/Country of Formation: _____

Mailing Address (if different):_____

6. Street (**No PO Boxes**)Address of Alabama Office (if any): _____

Mailing Address (if different):_____

7. If there is no office maintained in Alabama, the Name of the Registered Agent In Alabama (must be physically located in Alabama):

Street (**No PO Boxes**) Address of the Registered Agent in Alabama:_____

Mailing Address of Registered Agent in Alabama (if different from street address):_____

FOREIGN GENERAL PARTNERSHIP (GP) STATEMENT OF PARTNERSHIP AUTHORITY

- 8. If not cancelled earlier, the period of duration of authority is five (5) years after the date the statement is filed/dated by the Alabama Secretary of State's Office or the most recent amendment filed/dated by the Alabama Secretary of State's Office. At the end of the five (5) year term the partnership authority in Alabama is cancelled by operation of law.
- 9. The names and mailing addresses for each of the partners or an agent appointed and maintained by the partnership who shall maintain a list of the names and mailing addresses of all the partners and make it available to any person on request for good cause shown (10A-8-3.03). Add additional pages if necessary to include all partners information.
- 10. A copy of the Statement of Partnership Authority or partnership formation document from the state/country of formation must be certified true and correct by the Secretary of State or formation authority within the most recent six months prior to the date that this Statement is signed and dated.

Typed Name of Partner Signing Document (10A-8-1.06)

Date

Signature of Partner

Typed Name of Partner Signing Document (10A-8-1.06)

Date

Signature of Partner

ATTACH ADDITIONAL NAMES AND MAILING ADDRESSES IF NECESSARY:

The name of Agent for Partnership (see item 9): _____

Mailing address of Agent: _____

The name of Partner: _____

Mailing address of Partner: _____

The name of Partner: _____

Mailing address of Partner: _____

Payment Option Sheet

You may pay by check, money order, or credit card. You may choose standard processing or you may choose expedited processing which will be processed within approximately twenty four (24) hours after the date the filing is received in the Office of the Secretary of State's Business Services Division.

Service Requested (check all that apply): _____ \$25.00 filing fee/Statement of Partnership
_____ \$100.00 expedited processing
(approximately 24 hours)

If you are paying by check or money order please make one check or money order for the total amount of fees to be paid.

You may use a credit card. If you do not provide a postage paid self-addressed return envelope and copy filing, you will not receive a credit card receipt. If you need a receipt provide the copy and the envelope.

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 of Card Holder