

**STATE OF ALABAMA
FOREIGN PROFESSIONAL LIMITED LIABILITY COMPANY
(PLLC) APPLICATION FOR REGISTRATION**

PURPOSE: In order to register a foreign entity (any entity formed outside of Alabama) to transact business in Alabama, the entity must deliver to the Secretary of State for filing a Application for Registration to Section 10A-1-7.04, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) completed forms and name reservation certificate with the appropriate fee to the Office of the Secretary of State at **P O Box 5616, Montgomery, AL 36103**. Include a check, money order, or credit card payment for \$150.00 for standard processing or \$250.00 for expedited processing (within twenty four (24) hours after date of receipt). The application is only accepted via mail or courier and will not be accepted via fax or email. No fees are charged or deposited until the Application is approved. If the credit card does not authorize or the check is dishonored the Application will be terminated. All processing instructions are complete in this form; cover letters are not necessary and will not be reviewed.

(For SOS Office Use Only)

This form must be typed or laser printed.

1. The legal name of the foreign entity as recorded in the jurisdiction in which it was formed/organized:

2. The name of the foreign entity for use in Alabama must contain the words "Professional Limited Liability Company" or the abbreviation "P.L.L.C." or "PLLC":

*A fictitious name may be used only if the legal entity name is not available for use in Alabama or the name does not contain the words "Professional Limited Liability Company" or the abbreviation "P.L.L.C." or "PLLC" (10A-1-5.06).

3. If a fictitious name is used the undersigned certifies the resolution of the PLLC's governing authority to adopt the fictitious name for use in Alabama and affirms the authority to make such a certification under 10A-1-7.07

4. **A copy of the name reservation received from the Office of the Alabama Secretary of State must be attached.**

5. Street (**No PO Boxes**) Address of principal office: _____

Mailing Address (if different) _____

6. Entity's jurisdiction of formation: _____
(State or Country, if formed outside the United States, of formation)

7. Date of the entity's formation in state/country of jurisdiction: _____/_____/_____ (MM/DD/YYYY)

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8. The undersigned certifies that the foreign entity exists as a valid Professional Limited Liability Company under the laws of the entity's jurisdiction of formation

9. Name of registered agent for service of process (**MUST** be physically located in Alabama): _____

10. Street (**No PO Boxes**) Address of initial registered office (**MUST** be office of registered agent and physically located

in Alabama): _____

Mailing Address in Alabama of registered agent/office (if different) _____

11. The entity designates the following Alabama licensed individual or individuals through whom it will render professional services in Alabama and certifies that those individuals are not, at the time of designation, so designated by any other foreign professional entity (names, mailing addresses, and evidence of licenses):

Attach copies or additional pages if necessary.

12. The entity acknowledges that it will be subject to the jurisdiction of the Alabama regulatory and licensing authorities with respect to any professional services rendered to clients or patients in Alabama.

13. No foreign professional entity shall maintain an office in Alabama for the conduct of business or professional practice until it has obtained a certificate of authority to render professional services in Alabama:

_____ Certificate attached or _____ Not Applicable

14. The foreign entity will begin or began transacting business in Alabama (**a date must be provided**):

Began or Will begin doing business: _____ / _____ / _____ (MM/DD/YYYY)

Date (MM/DD/YYYY)

Typed Name and Title of Signature Below

Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

In order to review the sections of the *Code of Alabama 1975* referred to in this filing form you may access www.sos.alabama.gov and click the Government Records tab. Choose the Code of Alabama link to review.

Secretary of State Payment Option Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing, you will not receive a credit card or prepaid account receipt from the Secretary of State's Office. The document of record will be stamped showing the receipt of the filing fee and expedite fee but no copy or convenience fees.

Name of the Foreign PLLC: _____

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

Service Requested: _____ \$150.00 filing Application for Registration
_____ \$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 for an additional \$100.00 fee. The Application for Registration will be filed within twenty four (24) hours after the date of receipt of the properly completed document with all attachments. The fee must accompany the filing when it is initially submitted.