

**STATE OF ALABAMA
FOREIGN PROFESSIONAL CORPORATION
(BUSINESS OR NON-PROFIT)
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 along with articles of incorporation or formation duly certified by the official having custody of corporate records in the jurisdiction where the entity was formed pursuant to Section 10A-1-7.04, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed copies of this completed Application for Registration, the documentation referred to in items 3 and 11 below, and the filing fee of \$150.00 or \$250.00 expedite fee processed twenty four (24) hours after receipt (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or email to Foreign.Entities@sos.alabama.gov. The entity will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 NSF).

(For SOS Office Use Only)

This form must be typed or laser printed.

_____ Business/For-Profit PC

_____ Non-Profit PC

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

2. The name of the foreign entity for use in Alabama, if the legal name above is not available in Alabama or the name does not comply with Article 5 of Title 10A. The name for Business/For-Profit PCs must contain the words "professional corporation," "P.C.," or "PC" and satisfy the requirements of 10A-1-7.07:

3. A copy of the name reservation certificate from the Office of the Alabama Secretary of State is attached.
4. Entity's jurisdiction of formation: _____
5. Date of the entity's formation in state/country of jurisdiction: ____/____/____ (MM/DD/YYYY)
6. The undersigned certifies that the foreign entity exists as a valid entity of the type stated above under the laws of the entity's jurisdiction of formation.
7. The date the foreign entity began or will begin transacting business in Alabama: ____/____/____ (MM/DD/YYYY)
8. Street (**No PO Boxes**) Address of principal office: _____

Mailing Address (if different) _____

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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 physically located in Alabama): _____

Mailing Address in Alabama (if different) _____

11. A **copy** of the foreign entity's articles or certificate of incorporation or association, or other certificate of formation and all amendments thereto **duly certified** by the Secretary of State or other official having custody of corporate records in the state or other jurisdiction under whose law the entity is incorporated is attached.

12. 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.

13. 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.

14. 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

Date

Typed Name and Title of Signature Below

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

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. If you are expediting and opt for the email return of documents the credit card receipt will be emailed with the document. Hold for pickup request – we do not offer a call for pick-up feature - will have the receipt attached. Office personnel will not be able to search credit card or prepaid account transactions to help you balance your accounts. Please do not use these options if you have problems collecting receipts from your filing agents. The document of record will be stamped showing the receipt of the filing fee and expedite fee but no copy or convenience fees.

Information MUST be typed or laser printed on a computer.

Entity Name: _____

Service Requested: ___ ___ \$150.00 Registration filing fee
 ___ ___ \$3.00 Copy Fee (Acknowledgement Copy)
 ___ ___ \$100.00 Expedited Processing fee (includes email copy)
 (Processed with 24 hours after receipt of filing)

Hold at Front Desk for Pick-up for: _____
(Service providers who run couriers for pick-up – we do not have a call for pick-up service)

*Email filing to: _____
(ONLY for expedited filings) 1-email No paper copy will be mailed

_____ Check is attached - Please make one check payable for the total amount of the fees (i.e., \$250 if you are requesting expedited service) to the Alabama Secretary of State.

_____ Charge fees to prepaid account: Account Number _____
and Account Name _____

Typed Name & Signature of Authorized Individual on Account

Credit 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