

STATE OF ALABAMA

**DOMESTIC LIMITED LIABILITY LIMITED PARTNERSHIP
(LLLP)
RESTATED CERTIFICATE OF LLLP**

PURPOSE: In order to integrate into a single instrument all of the provisions of its Certificate of LLLP which are then in effect and operative and at the same time further amend its Certificate under Section 10A-9-2.02(e) of the Code of Alabama 1975 this Restated Certificate of Limited Liability Limited Partnership may be filed.

INSTRUCTIONS: Submit two (2) signed originals of this completed Restated Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the Partnership's designated office is 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 fees and the Judge of Probate's Office will transmit the fees along with a certified copy of the restated Certificate to the Office of the Secretary of State within 10 days after the Restated Certificate is issued. The Secretary of State filing fee is \$100.00.

(For SOS Office Use Only)

This form must be typed or laser printed.

1. The name of the Limited Liability Limited Partnership (must contain the phrase Limited Liability Limited Partnership, or the abbreviation LLLP, L.L.L.P., and comply with Code of Alabama Title 10A-9-1.08):

2. Street (**No PO Boxes**) address of designated office of the Partnership: _____

County in which designated office is located: _____

Mailing address of designated office (if different from street address): _____

3. The name of the Registered Agent: _____

Street (**No PO Boxes**) address of Registered Agent: _____

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

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4. This Partnership is a Limited Liability Limited Partnership and was organized for the following purpose(s):

 Add attachment if more space is necessary to describe the purpose or purposes.

5. The names, street addresses, mailing addresses, and signatures for each of the general partners must be attached. Use page 2 of this document to provide this information and duplicate the blank form as necessary to include all general partners. This information is required pursuant to Section 10A-9-2.01(3) and the signatures are required pursuant to Section 10A-9-2.04(a)(1).

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

 Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

 Mailing address (if different): _____

Signature of General Partner

The name of the General Partner: _____

Street (**No PO Boxes**) address of General Partner: _____

 Mailing address (if different): _____

Signature of General Partner