

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY PARTNERSHIP (LLP)
STATEMENT OF LIMITED LIABILITY PARTNERSHIP

PURPOSE: In order to form a limited liability partnership under Section 10A-1-3.05 and 10A-8A-10.01 of the Code of Alabama 1975 this Statement of Limited Liability Partnership and the appropriate filing fees must be filed with the Office of the Secretary of State. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and one (1) copy of this completed form along with a self-addressed, stamped envelope with the filing fee of \$200.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103-5616**. The Secretary of State shall pay the sum of \$100.00 to the county treasurer for the county in which the office of the initial registered agent for that entity is located. If the credit card does not authorize or if the check is dishonored, the filing will be removed from the index and of no legal effect. In the case of a dishonored check, a \$30 fee will be charged.

This form must be typed.

1. The name of the limited liability partnership (must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P." or "LLP," and comply with Code of Alabama, Title 10A-1-5.07):

2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached.**

3. Street (**No PO Boxes**) address of principal office of the limited liability partnership:

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

4. The name of the Registered Agent (only one agent): _____

Street (**No PO Boxes**) address of Registered Office (**must be located in Alabama**): _____

*COUNTY of above address: _____

Mailing address **in Alabama** of Registered Office (if different from street address): _____

This form was prepared by: (type name and full address)

(For SOS Office Use Only)

DOMESTIC STATEMENT OF LIMITED LIABILITY PARTNERSHIP (LLP)

5. Purpose for which the limited liability partnership was formed: _____

6. Period of duration shall be perpetual unless stated otherwise by an attached exhibit.

7. The name(s) of the Organizer(s): _____

Street (**No PO Boxes**) address of Organizer(s): _____

Mailing address of Organizer(s) – (if different from street address): _____

Attach a listing if more Organizers need to be added.

8. The partnership is formed as a limited liability partnership.

9. The statement of limited liability partnership is effective immediately on the date the statement is filed with the Office of the Secretary of State 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 Secretary of State).

_____ Attached are any other provisions that are not inconsistent with law relating to organization, ownership, governance, business, or affairs of the limited liability partnership.

*County of Registered Agent is requested in order to determine distribution of County filing fees

DOMESTIC STATEMENT OF LIMITED LIABILITY PARTNERSHIP (LLP)

Signature Page

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

Additional partners may sign (attach listing if necessary).

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

Date (MM/DD/YYYY)

Signature as required by 10A-8A-10.01

Typed Name of Above Signature

Typed Title

Secretary of State Credit Card or Prepaid Payment Option/Return/Hold Sheet: If you do not send an acknowledgement copy and a pre-addressed postage paid envelope with the filing you will not receive a receipt from the Secretary of State's Office. Hold for pickup request will have the receipt attached. The document of record will be stamped showing the receipt of the filing fee but will not show convenience fees (generally these fees are between 2% and 5% of the total charge).

Information MUST be typed or filing will be returned without review.

Entity Name: _____

Service Requested: X \$200.00 Formation filing fee

Hold at Front Desk for Pick-up by: _____

There is no notification service/call for pick-up. (Service providers who run couriers for pick-up)

Choose one of the following:

_____ Check/money order is attached-Please make one check payable for each filing to the Alabama Secretary of State. Do not use one check for multiple filings.

_____ 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