

STATE OF ALABAMA

**FOREIGN LIMITED LIABILITY COMPANY (LLC)
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 with the appropriate fee to the Office of the Secretary of State at **PO 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. **Using a credit card and our website, you may file the Foreign LLC online in the time it takes to type this application.** **If a receipt is needed, use registered mail service or a courier service.** 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 (there is a \$30.00 NSF check fee for all returned checks). All processing instructions are complete in this form; cover letters are not necessary and will not be reviewed.

(For SOS Office Use Only)

The information completing this form must be typed or the filing will be rejected without review.

Faxed or emailed applications will not be acknowledged, reviewed, processed, or returned.

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 only if different from the legal name*:

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

3. If a fictitious name is used the undersigned certifies the resolution of the LLC'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) _____

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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)

8. The undersigned certifies that the foreign entity exists as a valid 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 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 the 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. 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 completing this form, if any, MUST be typed or the filing will be returned without review.

Entity Name: _____

Service Requested: _____ \$150.00 Registration filing fee
_____ \$100.00 Expedited Processing fee (must be included with initial filing – we will not be able to pull the filing to upgrade to expedited processing)

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)

_____ 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