

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 an Application for Registration pursuant to Section 10A-1-7.04, *Code of Alabama 1975*.

INSTRUCTIONS: **Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:**

**\*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.**

\*Include a check, money order, or credit card payment for the **\$150.00** processing fee.

\*You may file the Application for Registration online in the time it takes to type this request.

\*The entity will not be registered if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

**This form must be typed and will not be accepted via email.**

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 entity 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 from street address) \_\_\_\_\_

\_\_\_\_\_

(For SOS Use Only)

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

## FOREIGN LIMITED LIABILITY COMPANY (LLC) APPLICATION FOR REGISTRATION

6. Entity's jurisdiction of formation: \_\_\_\_\_  
(State or Country 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 registered office of registered agent (**MUST** be physically located in Alabama):  
\_\_\_\_\_

Mailing address **in** Alabama of registered agent/office (if different from street address) \_\_\_\_\_  
\_\_\_\_\_

11. If the entity registering is a Non Profit LLC, Series LLC or Non-Profit Series LLC. Please check type below:

\_\_\_\_\_ Non-Profit LLC          \_\_\_\_\_ Series LLC          \_\_\_\_\_ Non-Profit Series LLC

12. The foreign entity began or will begin 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

**Dear Alabama Business Owner:**

Recently, the Alabama Legislature passed ACT 2021-223, which is a new law that requires the Secretary of State's Office to collect data about small businesses, minority-owned businesses, and women-owned businesses. Your participation in this survey will aid the state in identifying businesses that may be eligible for assistance or resources.

Please check the boxes that apply to your business:

**SMALL BUSINESS:**

- ☐ Any independently owned and operated business with no more than 50 full-time employees, a majority of whom have their permanent place of residence in the state.

**MINORITY-OWNED BUSINESS:** (African American, Hispanic, Asian American, or Native American)

- ☐ An independently owned and operated business that is at least 51% owned or controlled by one or more minority individuals, a majority of whom have their permanent place of residence in the state.

**OR**

- ☐ A publicly owned business of which at least 51% of the stock is owned and controlled by one or more minority individuals and whose daily management and operations are under the control of one or more of these minority individuals, a majority of whom have their permanent place of residence in the state.

**WOMAN-OWNED BUSINESS:**

- ☐ An independently owned and operated business that is at least 51% owned or controlled by one or more women, a majority of whom have their permanent place of residence in the state.

**OR**

- ☐ A publicly owned business of which daily management and operations are under the control of a woman or group of women, a majority of whom have their permanent place of residence in the state, and who own and control at least 51% of the stock of the business or an equivalent ownership stake.

**OTHER:**

- ☐ Check this box if you prefer not to respond.

**If none of these apply to your business, please disregard.**

**Thank you for your contributions to the State of Alabama.**

**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 (these fees are 3% of the total charge plus \$2.00).

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

Entity Name: \_\_\_\_\_

Service Requested:   X   \$150.00 Registration filing fee

Hold at Front Desk for pick-up by: \_\_\_\_\_

**There is no notification service/call 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 Box

\_\_\_\_\_  
City State Zip

Signature of Card Holder: \_\_\_\_\_

**MUST be Signature of Card Holder**