

STATE OF ALABAMA

**DOMESTIC BUSINESS CORPORATION
CERTIFICATE OF FORMATION**

PURPOSE: In order to form a Business Corporation (formerly known as For-Profit Corporation) under Section 10A-1-3.05 and 10A-2-2.02 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the corporation's initial registered office is located. The use of this particular form is not required by Title 10A.

INSTRUCTIONS: Mail one (1) signed original and three (3) copies of this completed Certificate and the appropriate filing fees to the Office of the Judge of Probate in the county where the corporation's registered 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 two (2) certified copies of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. SOS will send the filer a copy once the Certificate is filed at the state level. The Secretary of State filing fee is \$100.00. You may include the "I wish to pay by Credit Card" form to pay the Secretary of State fees if you choose. Your corporation will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

This form must be typed or laser printed.

1. The name of the corporation (must contain the word "corporation" or "incorporated," or the abbreviation of one of those words, and comply with Code of Alabama Title 10A-1-5.04):

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

(For SOS Office Use Only)

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



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3. Street (**No PO Boxes**) address of principal office of the corporation:_____

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

4. The name of the Registered Agent: _____

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

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

5. Purpose for which corporation is formed:_____

_____; the
purpose includes the transaction of any lawful business for which corporations may be incorporated in
Alabama under Title 10A, Chapter 2 of the Code of Alabama.

6. Number of Shares the corporation is authorized to issue:_____ Par Value_____

(Par value is optional information and does not have to be completed.)

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

8. The name(s) of the Incorporator(s):_____

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

Mailing address of Incorporator(s) – (if

different from street address):_____

Attach a listing if more Incorporators need to be added.

9. Director's Name:_____

Street (**No PO Boxes**) address of Director:_____

Mailing address of Director(s) - (if different

from street address):_____

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Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

Director's Name: _____

Street (**No PO Boxes**) address of Director: _____

_____ Mailing address of Director(s) - (if different
from street address): _____

Attach listing if more Directors need to be added.

10. A director has no liability to the corporation or its shareholders for money damages for any action taken, or any failure to take any action, as a director, except liability for (A) the amount of financial benefit received by a director to which he or she is not entitled; (B) an intentional infliction of harm on the corporation or the shareholders; (C) a violation of Section 10A-2-8.33; (D) an intentional violation of criminal law; or (E) a breach of the director's duty of loyalty to the corporation or its shareholders.

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

Date

Signature as required by 10A-2-1.20

Typed Name of Above Signature

Typed Title/Capacity to Sign under 10A-2-1.20

Expedited Processing is available at the Secretary of State's (SOS) Office for an additional \$100.00 fee. The SOS Office will index a filing within three (3) business days of receipt from the Office of the County Probate Judge. The fee must accompany the filing when it is submitted to the County Probate Judge's Office – we will not be able to search for filings to match with expedite fees sent separately once they are in the workflow.

If you wish to pay the Office of the Secretary of State fees by credit card:

Card Type: _____ (Visa, MC, Discover & AmEx)

Service Requested: _____ \$100.00 filing Certificate of Formation

_____ \$100.00 Expedited Processing fee *

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

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