

CK
51-05

KANSAS SECRETARY OF STATE
**Certificate for a Kansas
Limited Partnership**
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

All information on the application **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your certificate to qualify online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$165 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Partnership name	A word of formation must be included in the name per K.S.A. 56-1a151, 56-1a102. Permitted words of formation are "Limited Partnership", or the abbreviation "LP" or "L.P.". Kansas Statutes can be reviewed at www.kslegislature.org .
<input type="checkbox"/> Resident agent	The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
<input type="checkbox"/> Registered office	The registered office is the address where the resident agent is located.
<input type="checkbox"/> Mailing address	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> Signatures	The application requires the signatures of all general partners.

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THIS SPACE FOR OFFICE USE ONLY.

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1. Name of limited partnership

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2. Name of resident agent and address of registered office in Kansas

Must be a Kansas street address. A P.O. Box is unacceptable.

Name		
Street Address		
City	State KS	Zip

3. Mailing address

Address will be used to send official mail from the Secretary of State's Office.

Attention Name			
Address			
City	State	Zip	Country

4. Tax closing month

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5. Name and mailing address of each general partner

Do not leave blank. If additional space is needed, please provide attachment.

Name 1			
Address			
City	State	Zip	Country
Name 2			
Address			
City	State	Zip	Country
Name 3			
Address			
City	State	Zip	Country
Name 4			
Address			
City	State	Zip	Country

6. Duration of partnership

Date the partnership will cease

Month	Day	Year
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7. Effective date

<input type="checkbox"/> Upon filing	<input type="checkbox"/> Future effective date:	Month	Day	Year
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8. We declare under penalty of perjury under to the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee.

Signature of General Partner	Month	Day	Year
Signature of General Partner	Month	Day	Year
Signature of General Partner	Month	Day	Year
Signature of General Partner	Month	Day	Year