

CVF
53-45

KANSAS SECRETARY OF STATE
**Certificate of Conversion to
a Foreign Entity**

Kansas Entity Converting into a Foreign Entity
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

The following form **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 forms 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 \$75 .
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms 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"/> Tax closing month	If the tax closing month has passed, please submit an annual report and fee along with this form.

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THIS SPACE FOR OFFICE USE ONLY.

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Converting Entity

1. Business entity ID number

Not Federal Employer ID Number (FEIN).

2. Entity name

3. Type of entity

- | | |
|---|--|
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |

New Entity

4. Entity name

5. Type of entity

- | | |
|---|--|
| <input type="checkbox"/> For-Profit Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |

6. State or country of organization to which the entity is converted

I hereby appoint the Kansas Secretary of State as agent for service of process.

7. Service of process may be delivered to

Must be a street address. A P.O. box is unacceptable.

Name		Street Address	
City	State	Zip	Country

8. Effective date

Must be 90 days from file date

Upon filing

Future effective date:

Month

Day

Year

This conversion is approved in accordance with K.S.A. 17-48-401 through 17-48-406 and amendments thereto.

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.

Signature of Authorized Person of the converting entity

Month

Day

Year

X

Name of Signer (printed or typed)

Title