

**CK**  
51-05

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

Memorial Hall, 1st Floor  
120 S.W. 10th Avenue  
Topeka, KS 66612-1594

(785) 296-4564  
kssos@ks.gov  
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"/> <b>Filing fee</b>	The filing fee for this document is <b>\$165</b> .
<input type="checkbox"/> <b>Payment</b>	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. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. <b>Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Partnership name</b>	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 <b>www.kslegislature.org</b> .
<input type="checkbox"/> <b>Resident agent</b>	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"/> <b>Registered office</b>	The registered office is the address where the resident agent is located.
<input type="checkbox"/> <b>Mailing address</b>	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> <b>Signatures</b>	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 <b>KS</b>	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. I/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