

GA
51-11

KANSAS SECRETARY OF STATE
**General Partnership Statement
of Partnership Authority**
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 statement of partnership **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to **www.sos.ks.gov**.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<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"/> 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 signature of two partners.
<input type="checkbox"/> Duration of the filing	Unless earlier canceled, a filed statement of partnership authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the Secretary of State.

GA
51-11

**KANSAS SECRETARY OF STATE
General Partnership Statement
of Partnership Authority**

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

THIS SPACE FOR OFFICE USE ONLY.

Instructions: All information must be completed or this document will not be accepted for filing.

1. Name of partnership

--

2. Principal office address

Street Address			
City	State	Zip	Country

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. Address of the partnership's office in the state of Kansas, if one exists

Street Address		
City	State	Zip
	KS	

5. Name and mailing address of each general partner

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

OR

Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country
Name			
Address			
City	State	Zip	Country

Name of an agent appointed by the partnership

Name			
Address			
City	State	Zip	Country

6. The name(s) of the partner(s) authorized to execute an instrument transferring real property held in the name of the partnership

--	--	--	--

7. The authority of limitations on authority of some or all partners to enter into transactions on behalf of the partnership

Optional

--	--	--	--

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

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