

CDL

KANSAS SECRETARY OF STATE
**Certificate of Division
Domestic (Kansas) Limited Liability
Company**

INSTRUCTIONS FOR FILING CERTIFICATE OF DIVISION

**SUBMIT THE DOCUMENTS
WITHOUT THIS PAGE**

Note: All documents filed by the Secretary of State's office are considered public record and may be viewable online.

How to complete the Certificate of Division for any LLC:

Each of the numbered instructions below corresponds to a section on the form.

1. List the business's ID number issued by the Kansas Secretary of State (This is not a tax ID number). ID numbers may be found by clicking on our website at <https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx>.
2. Provide the complete legal business name, including words of formation (e.g., LLC, Limited Liability Company, L.C., etc.)
- 3a. Either indicate 'Yes,' the dividing company named in section 2 will survive and continue with section 3b or indicate 'No,' the dividing company named in section 2 will not survive and continue with section 4.
- 3b. If answered yes in section 3a, an address for the place of business must be provided for the dividing company named in section 2. This address must include a building number, street name, city, state, and zip code. **A PO box is unacceptable.**
4. Each resulting company must be a domestic (Kansas) limited liability company. The Articles of Organization for each resulting company named must be submitted with the Certificate of Division. If the response was 'Yes' in section 3a, one or more limited liability companies must be named. If the response was 'no' in section 3a, two or more limited liability companies must be named. The place of business address must include a building number, street name, city, state, and zip code. **A PO box is unacceptable.**
5. Both the name of the division contact and the business address for the division contact must be provided. The division contact may be any Kansas resident, any of the division companies involved in the Certificate of Division, or any other domestic (Kansas) business registered with the Kansas Secretary of State.
6. For the date the certificate will take effect with the Secretary of State's Office, select either upon filing or select future effective date and provide a date the certificate will take effect. This date may not be greater than 90 days from the date the Secretary of State's Office files the certificate.
7. At least one authorized person on behalf of such division company must sign.

Fee Schedule

Certificate of Division

The filing fee for the Certificate of Division is as follows:

Certificate of Division paper filing: \$75
Articles of Organization for each LLC: \$90

Mail to:

Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka KS 66612

Checks and credit/debit cards are accepted for payment. Make checks payable to the Kansas Secretary of State. Once processing the Certificate of Division is completed, a certified copy of the Certificate of Division will be mailed to the address of the sender.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

Note: The credit/debit card information will be destroyed upon the filing of the document.

Contact Information

Contact Person

Direct Phone Number for Contact Person

Payment Information

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code

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Kansas Secretary of State
 Docking State Office Building
 915 SW Harrison Street
 Topeka, KS 66612

(785) 296-4564
 kssos@ks.gov
 https://sos.ks.gov

1. Business ID/file number:

Kansas Secretary of State
 issued file number.

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**2. Name of dividing
 business:**

Must match name on record
 with Kansas Secretary of State.

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**3a. Will the dividing
 company survive:**

Yes

(Complete section 3b)

OR

No

(Skip to section 4)

If no, the Certificate of Division will act as a Certificate of
 Cancellation for the dividing company named in section 2.

**3b. The plan of division
 is on file at a place
 of business of such
 surviving company at
 the following address:**

Street Address (A PO Box is unacceptable)

City

State

Zip Code

Country

**4. Name of each resulting
 company and place of
 business:**

The plan of division is on file
 at a place of business of such
 resulting company.

(If section 3a is "yes," at least
 one LLC must be named. If
 section 3a is "no," at least two
 LLCs must be named.)

Do not leave blank.

Articles of Organization must
 be submitted for each LLC
 named with this Certificate of
 Division.

If additional space is needed,
 please provide and attachment.

Name of Limited Liability Company

Street Address (A PO Box is unacceptable)

City

State

Zip Code

Country

Name of Limited Liability Company

Street Address (A PO Box is unacceptable)

City

State

Zip Code

Country

Name of Limited Liability Company

Street Address (A PO Box is unacceptable)

City

State

Zip Code

Country

5. The name of a division contact and business address, which shall have custody of a copy of the Plan of Division:

Name of Division Contact		
Street Address		
City	State	Zip Code

6. Effective date:

If future date is chosen, must be within 90 days of filing.

<input type="checkbox"/> Upon filing	OR	<input type="checkbox"/> Future effective date:	Month	Day	Year
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The division has been consented to or approved in accordance with K.S.A. 17-7685a.

A copy of the plan of division will be furnished by such division company, on request and without cost, to any member of the dividing company.

8. I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

(Signature of one or more authorized persons on behalf of such division company.)

Signature of Authorized Person

X

Signature of Authorized Person

X