CK

KANSAS SECRETARY OF STATE

**Certificate of Limited Partnership**
**Domestic (Kansas) Limited Partnership**

# INSTRUCTIONS FOR FILING CERTIFICATE OF LIMITED PARTNERSHIP

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. File this document directly online at https://www.sos.ks.gov/businesses/register-a-business.html.***

**How to complete the Certificate of Limited Partnership for a domestic (Kansas) Limited Partnership:**

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

1. Provide the name of the Limited Partnership. All domestic Limited Partnerships must contain a word of formation. Pursuant to K.S.A. 17-7921, that word must be one of the following in English:

   L.P., LP, or LIMITED PARTNERSHIP.

   Check to see if the name of the business is in use by any other business already registered with our office online at https://www.sos.ks.gov/eforms/BusinessEntity/NameAvailability.aspx.

   If the name is currently in use, a Consent to Use of Similar Business Name must be submitted with the formation document.

   Consent to Use of Similar Business Name: Pursuant to K.S.A. 17-7918, the business may submit a Consent to Use of Similar Business name (Form CN), completed by the business registered with the Secretary of State's office, found at https://www.sos.ks.gov/forms/business_services/CN.pdf.

2. Provide the name of the resident agent.

   Resident agent: This must be either an individual, a business registered in Kansas, or the business itself who will receive any legal documents (i.e. subpoenas, court orders, summons, etc.) for the business named in section 1. If the resident agent is a business, search for the legal name of the business at https://www.sos.ks.gov/eforms/BusinessEntity/Search.aspx.

3. Provide the registered office for the resident agent.

   Registered office: Must be an address in Kansas where the resident agent may be regularly present. The address must include the building number, street, city, state, and zip code. This can't be a PO box.

4. Provide the name and mailing address of each general partner. All general partners named must sign in section 6.

5. An authorized person on behalf of the business must sign.



**Please continue to next page.**

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**Fee Schedule**

**Certificate of Limited Partnership**

The filing fee for the Certificate of Limited Partnership is as follows:

Online Certificate of Limited Partnership:..... $85
Paper Certificate of Limited Partnership:..... $90

**Filing Online**

Create and file the Certificate of Limited Partnership at https://www.sos.ks.gov/businesses/register-a-business.html. If filed online, do not complete and mail the paper form. Credit/debit cards are accepted for payment. Processing happens within minutes and your certified copy of the Certificate of Limited Partnership can be printed from the above website without delay.

**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 Limited Partnership is completed, a certified copy of the Certificate of Limited Partnership will be mailed to the address of the sender.

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**Kansas Attorney General Notice**

Effective July 1, 2025, it is required for businesses or individuals owning or acquiring any interest in real property located within 100 miles of the boundary of any military installation located in Kansas, Nebraska, Colorado, Oklahoma, Iowa, and Texas to register said interest with the Kansas Attorney General's Office.

The following are subject to this requirement:

The government, any political party or subdivision, any corporate entity, any agent, or any citizen of the following:

- People's Republic of China (including the Hong Kong special administrative region)
- Republic of Cuba
- Islamic Republic of Iran
- Democratic People's Republic of Korea
- Russian Federation
- Bolivarian Republic of Venezuela
- Any organization that is designated as a foreign terrorist organization

This includes any individual having a controlling interest in any company formed for the purpose of holding interest in real property on behalf of any of the foregoing.

Any of the above businesses or individuals owning an interest in real property described above must submit the Foreign Principal Real Property Interest Registration Form found on the Attorney General's website at https://www.ag.ks.gov to the Kansas Attorney General on or before 90 days of either registering with the Kansas Secretary of State or upon acquisition of the real property.

Contact for Questions:

Kansas Attorney General
Public Protection Division
(785) 296-3751
cprotect@ag.ks.gov



**Please proceed to form.**

# 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

# Certificate of Limited Partnership
# Domestic (Kansas) Limited Partnership

**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

Print | Reset

Please complete the form, print, sign and mail to the Kansas Secretary of State with the filing fee. Selecting 'Print' will print the form and 'Reset' will clear the entire form.

**1. Name of limited partnership:**
Include word of formation. See instructions for allowed words.

**(Do not include DBA, fictitious, assumed, or trade names)**

**2. Name of resident agent:**
Must be an individual, the business named in section 1, or a business already registered with our office. **Do not leave blank.**

**If naming a business registered with the Kansas Secretary of State as the resident agent, that business must match identically to the name on file.**

**3. Registered office in Kansas for the resident agent:**
Must be a street, rural route, or highway. **A PO box is unacceptable.**

Street Address **(A PO Box is unacceptable)**

| City | State | Zip |
|---|---|---|
| | **KS** | |



**Please continue to next page.**

**4. 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 |

**5. 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 General Partner

X

Signature of General Partner

X

Signature of General Partner

X

Signature of General Partner

X



**Please review to ensure completion.**