

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.

 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 covered business entity is in use by any other business entity already registered with our office online at https://www.sos.ks.gov/eforms/BusinessEntity/NameAvailability.aspx.

If the name is currently in use, either a Written Consent to Use of Similar Business Name or a letter advertising 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 Written 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.

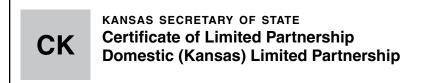
2. Provide the name of the resident agent.

Resident agent: This is either an individual or a business entity registered in Kansas (may be the business entity the certificate of limited partnership is for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business entity named in section 1. If the resident agent is a business entity, 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.
- Provide the date the limited partnership will dissolve by. A month, day, and year is required and can be any date in the future.
- 6. An authorized person on behalf of the entity must sign.



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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:...... \$160 Paper Certificate of Limited Partnership:...... \$165

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. E-checks and 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 Memorial Hall, 1st Floor 120 SW 10th Avenue 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.



COVER PAGE CERTIFICATE OF LIMITED PARTNERSHIP

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 | |
| Credit/Debit Card Number | |
| Expiration Date | |
| Billing Zip Code | |



KANSAS SECRETARY OF STATE Certificate of Limited Partnership Domestic (Kansas) Limited Partnership



Memorial Hall, 1st Floor 120 S.W. 10th Avenue Topeka, KS 66612-1594 (785) 296-4564 kssos@ks.gov https://sos.ks.gov

This form must be accompanied by the correct filing fee or the document will not be accepted for filing. (See instructions for details.)

| 1. | Name of limited partnership: | | | | |
|----|--|---|--------------------|-----|--|
| | Include word of formation. See instructions for allowed words. | | | | |
| 2. | Name of resident agent: | | | | |
| | Must be an individual, the business entity named in section 1, or an entity already registered with our office. Do not leave blank. | | | | |
| 3. | Registered office in Kansas for the resident agent: | Street Address (A PO Box is unacceptable) | | | |
| | Must be a street, rural route, or highway. A PO box is unacceptable. | City | State KS | Zip | |

| | Name and mailing address of each | Name 1 | | | | | | |
|------------------------------|---|---------------|----------------------------|-----------------|------------|----------------------|-------------------|--|
| | general partner: | Address | | | | | | |
| | | City | | | State | Zip | Country | |
| | | Name 2 | | | | | | |
| | | Address | | | | | | |
| | | City | | | State | Zip | Country | |
| Do not leave blank. Name 3 | | | | | | | | |
| Address | | | | | | | | |
| | | City | | | State | Zip | Country | |
| | | Name 4 | | | | | | |
| | | Address | | | | | | |
| | If additional space is needed, please provide attachment. | City | | | State | Zip | Country | |
| | Latest date the limited partnership is to dissolve: | Month | Day | Year | | | | |
| 6. | I/We declare under pena correct, and that we hav | alty of perju | ry under to the require | the laws of the | state of K | ansas that the foreç | going is true and | |
| Sign | nature of General Partner | | | | | | | |
| | nature of General Partner | | | | | | | |
| Χ | | | | | | | | |
| Sign | nature of General Partner | | | | | | | |
| Signature of General Partner | | | | | | | | |
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