

**DLLP**  
51-12

KANSAS SECRETARY OF STATE  
**Kansas Limited Liability Partnership**  
**Statement of Qualification**  
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 qualification **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 statement of qualification 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>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 signature of two partners.

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THIS SPACE FOR OFFICE USE ONLY.

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

**1. Name of the limited liability 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. The above-named partnership elects to be a Kansas limited liability partnership.**

**6. Effective date**

Must be within 90 days of filing.

<input type="checkbox"/> Upon filing	<input type="checkbox"/> Future effective date:	Month	Day	Year
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**7. We declare under penalty of perjury pursuant to 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