

**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"/> <b>Filing fee</b>	The filing fee for this document is <b>\$35</b> .
<input type="checkbox"/> <b>Payment</b>	<p>Please submit payment by check, money order, or credit card. Checks and money orders need to be made payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. <b>Please do not send cash.</b></p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p><b>Credit card number</b> _____</p> <p><b>Billing zip code</b> _____ <b>Expiration date</b> _____</p> <p><b>NOTICE: There is a \$25 service fee for all returned checks.</b></p>
<input type="checkbox"/> <b>Daytime phone and contact person</b>	_____
<input type="checkbox"/> <b>Fax filing available</b>	<p>Documents may be fax filed for a processing fee of <b>\$20 in addition</b> to the normal filing fee. Include contact name, daytime phone number, credit card number, credit card expiration date and billing zip code.</p> <p>Fax documents and payment information to <b>Business Services, 785-296-4570</b>. Faxed documents that are without errors and received prior to 4:00 p.m. CT will receive that day's file date. Faxed documents received after 4:00 pm CT cannot be guaranteed to receive that day's filing date.</p> <p>Filed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page. Fax filing does not guarantee same day return faxing.</p>
<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.
<input type="checkbox"/> <b>Duration of the filing</b>	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.

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THIS SPACE FOR OFFICE USE ONLY.

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**1. Name of partnership**

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**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
	<b>KS</b>	

**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**

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

Optional

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**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