

LCD

KANSAS SECRETARY OF STATE
**Kansas Limited Liability Company
 Certificate of Designation**

GENERAL FILING INSTRUCTIONS

All information on this form **must be complete** and accompanied by the **correct filing fee** or the document will **not** be accepted for filing.

<input type="checkbox"/> Filing fee	The filing fee for this document is \$35 .
<input type="checkbox"/> Payment	<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. Please do not send cash.</p> <p>Visa, MasterCard, Discover, and American Express are accepted. To use a credit card, please provide the following information:</p> <p>Credit card number _____</p> <p>Billing zip code _____ Expiration date _____</p> <p>NOTICE: There is a \$25 service fee for all returned checks.</p>
<input type="checkbox"/> Daytime phone and contact person	_____
<input type="checkbox"/> Fax filing available	<p>Documents may be fax filed for a processing fee of \$20 in addition to the 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 Business Services, 785-296-4570. Faxed documents will receive that day's file date if they are without errors and received prior to 4 PM CST. Fax filing does not guarantee same day activation or return faxing.</p> <p>Processed documents will be returned by mail. You may request a file-stamped copy be faxed for an additional \$1 per page.</p>
<input type="checkbox"/> No duplicate copies	Please do not send duplicate copies of documents. The original is processed, file stamped and returned by mail to the address provided.
<input type="checkbox"/> No email	Filings are not accepted by email.
<input type="checkbox"/> No filing by phone	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> Public Information	All information filed with our office is available to the public, and much of it may be viewed online without cost. Please consider this when providing information on our forms.



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Note: This form is used to form a series of a Kansas limited liability company whose operating agreement provides for the establishment of one or more series.

Question on Form

1. Name of limited liability company	This is the name of the Kansas limited liability company under which the series is being formed.
2. Business entity/ID file number	This is the business entity/ID file number for the limited liability company listed in Question 1.
3. Name of series	<p>This is the name of the series being formed under the limited liability company listed in Question 1.</p> <p>The name of each series as set forth in its certificate of designation:</p> <ul style="list-style-type: none">(1) Shall include the name of the limited liability company, including any word, abbreviation or designation required by K.S.A. 17-7920, and amendments thereto;(2) may contain the name of a member or manager;(3) must comply with the requirements of K.S.A. 17-7918, and amendments thereto, to the same extent as a covered entity; and(4) may contain any word permitted by K.S.A. 17-7920, and amendments thereto, and may not contain any word prohibited to be included in the name of a limited liability company under Kansas law. <p>Kansas statutes can be reviewed at www.ksrevisor.org.</p>
5. Tax closing month	This is the tax period in which the series will file its annual report.
7. Signature(s)	The signature of one or more authorized persons is required.

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Topeka, KS 66612-1594

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

53-80

THIS SPACE FOR OFFICE USE ONLY.

1. **Name of limited liability company:**

Must match name on record with the Secretary of State.

[Empty text box for Name of limited liability company]

2. **Business entity ID/file number:**

Not Federal Employer ID Number (FEIN).

[Empty text box for Business entity ID/file number]

3. **Name of series:**

Must contain entire name of LLC and be distinguishable upon record with the Secretary of State.

[Empty text box for Name of series]

4. **Mailing address:**

This address will be used to send official mail from the Secretary of State's office.

Attention Name			
Address			
City	State	Zip	Country

5. **Tax closing month:**

Month

6. **Any other matter that the members of such series determine to include:**

If additional space is needed please provide an attachment.

[Empty text box for Any other matter that the members of such series determine to include]

7. **I/We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.** (The signature of one or more authorized persons is required.)

Signature of Authorized Person

X