

Please  
Do Not  
Staple

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 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/Search.aspx>.

If the name is currently in use, either a letter of consent from the current business entity must be submitted with the formation document, or a different name must be used.

Letter of consent: Pursuant to K.S.A. 17-7933, the letter of consent must include an indication that the current business entity consents to the use of the name. This letter must be executed by an authorized person for the current business entity registered.

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.
5. 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.

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**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**

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



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

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**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.**

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**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 <b>KS</b>	Zip

**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. Latest date the limited partnership is to dissolve:**

Month	Day	Year
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**6. I/We declare under penalty of perjury under to the laws of the state of Kansas that the foregoing is true and correct, and that we have remitted the required fee.**

Signature of General Partner

X

Signature of General Partner

X

Signature of General Partner

X

Signature of General Partner

X