



Instructions:
**Foreign Limited Liability
Company Application**

Contact:
Kansas Secretary of State, Chris Biggs

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@kssos.org
www.kssos.org

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

- 1. **FILING FEE:** The filing fee for this document is **\$165**.
- 2. **PAYMENT:** 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. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- 3. **INCLUDE AN ORIGINAL CERTIFICATE OF GOOD STANDING OR EXISTENCE:** The certificate must be issued by the state, country or other jurisdiction where organized attesting to the fact that such foreign limited liability company is in good standing in such jurisdiction. The certificate must be issued within 90 days of filing the application.
- 4. **COMPANY NAME:** The limited liability company name on all documents must be exactly the same as it appears on the certificate, including punctuation. If the LLC applying for authority has the same name as an entity already on file, you may do **one** of the following:
 - ✓ Include a letter of consent from the existing entity to use the name. If the existing entity is a corporation, the consent must be signed by an authorized officer. A consent from another type of entity must be signed by any authorized person.
 - ✓ Include a letter stating that the LLC will list its home state as a means of identification and in its advertising in the state of Kansas.

The use of the LLC name is governed by K.S.A. 17-76,123. You may view statutes at www.kslegislature.org.

- 5. **RESIDENT AGENT:** 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.
- 6. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- 7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- 8. **SIGNATURE:** The application requires the signature of a manager or member.

NOTICE: *If the entity has been doing business in Kansas at least six months prior to filing with our office, you may owe annual reports and/or penalty fee (K.S.A. 17-76, 139).*

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.KSSOS.ORG. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

FL**51-10**

KANSAS SECRETARY OF STATE

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Please read instructions sheet before completing.*

1. Name of the limited liability company: <i>Name of company must match the name on record with the home state</i>	
2. State/Country of organization:	
3. Date of organization in home state:	<hr/> <i>Month Day Year</i>
4. Began doing business in Kansas:	<input type="checkbox"/> Upon qualification <input type="checkbox"/> <hr/> <i>Month Day Year</i>
5. Name of the resident agent and address of the registered office in Kansas: <i>Address must be a street address A P.O. box is unacceptable</i>	<hr/> <i>Name Street Address</i> <hr/> <i>City State Zip</i>
6. Mailing address: <i>This address will be used to send official mail from the Secretary of State's office</i>	<hr/> <i>Attention Name Address</i> <hr/> <i>City State Zip Country</i>
7. Tax closing month:	<hr/>
8. Full nature and character of the business to be conducted in Kansas:	<hr/>

9. If management vests with members, please provide the name and address of each member. If management vests with managers, please provide the name and address of each manager:

Do not leave blank

If additional space is needed please provide an attachment

1)	_____	_____	_____	_____	_____
	<i>Name</i>				
	_____	_____	_____	_____	_____
	<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
2)	_____	_____	_____	_____	_____
	<i>Name</i>				
	_____	_____	_____	_____	_____
	<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
3)	_____	_____	_____	_____	_____
	<i>Name</i>				
	_____	_____	_____	_____	_____
	<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>
4)	_____	_____	_____	_____	_____
	<i>Name</i>				
	_____	_____	_____	_____	_____
	<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Country</i>

10. The limited liability company hereby consents, without power of revocation, that actions may be commenced against it in the proper court of any county in the state of Kansas where there is proper venue by service of process on the Secretary of State of the State of Kansas; and the limited liability company stipulates and agrees that such service shall be taken and held in all courts to be valid and binding as if due service had been made upon the members of the foreign limited liability company.

11. Effective date:

Upon filing

Future effective date _____

Month Day Year

12. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that the company is in good standing in its home state, and I have remitted the required fee.

Signature of manager or member

Date (month, day, year)