

**CVD**  
53-44

KANSAS SECRETARY OF STATE  
**Certificate of Conversion to  
a Kansas Entity**  
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

The following form **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 forms 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 amendment is <b>\$75</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>Formation Document</b>	Include formation document for the new entity with the filing fee.

**CVD**  
53-44

**KANSAS SECRETARY OF STATE**  
**Certificate of Conversion to**  
**a Kansas Entity**

**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

THIS SPACE FOR OFFICE USE ONLY.

**This form must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.**

**Converting Entity**

**1. Business entity ID number**

Not Federal Employer ID Number (FEIN).

**2. Entity name**

**3. Type of entity**

- |                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> For-Profit Corporation     | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership        | <input type="checkbox"/> Limited Partnership           |

**4. State or Country of organization**

**New Entity**

**5. Entity name**

**6. Type of entity**

- |                                                     |                                                        |
|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> For-Profit Corporation     | <input type="checkbox"/> Limited Liability Company     |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> General Partnership        | <input type="checkbox"/> Limited Partnership           |

**7. Effective date**

If future date is chosen, must be within 90 days of filing.

- |                                      |                                                 |       |     |      |
|--------------------------------------|-------------------------------------------------|-------|-----|------|
| <input type="checkbox"/> Upon filing | <input type="checkbox"/> Future effective date: | Month | Day | Year |
|--------------------------------------|-------------------------------------------------|-------|-----|------|

**The formation document and fee for the converted entity are attached. This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 or by the laws of the appropriate foreign jurisdiction.**

**I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that I have remitted the required fee.**

Signature of Authorized Person of the converting entity

X

Month

Day

Year

Name of Signer (printed or typed)

Title