

KANSAS SECRETARY OF STATE Certificate of Conversion to a Foreign Entity

Kansas Entity Converting into a Foreign Entity Instructions

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

□ Filing fee	The filing fee for this amendment is \$75.
□ Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
□ Tax closing month	If the tax closing month has passed, please submit an annual report and fee along with this form.

Please proceed to form.

CVF
53-45

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THIS SPACE FOR OFFICE USE ONLY.	
THIS STAGE FOR STATES OF SILE.	

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

Со	nverting Entity							
1.	Business entity ID number Not Federal Employer ID Number (FEIN).							
2.	Entity name							
3.	Type of entity	☐ For-Profit Corporation ☐ Not-for-Profit Corporation ☐ General Partnership				☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Limited Partnership		
Ne	w Entity							
4.	Entity name							
5.	Type of entity	☐ For-Profit Corporation ☐ Not-for-Profit Corporation ☐ General Partnership				Limited Liability Company Limited Liability Partnership Limited Partnership		
6.	State or country of organization to which the entity is converted							
I he	reby appoint the Kansas	Secre	etary of State as agent for ser	vice of proc	ess.			
7.	Service of process may be delivered to	Name			Street Address			
	Must be a street address. A P.O. box is unacceptable.	City		State	Zip		Country	

8. Effective date Must be 90 days from file date	☐ Upon filing		Future effective date:	Month	Day	Year				
This conversion is approved in accordance with K.S.A. 17-78-401 through 17-78-406 and amendments thereto.										
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.										
	• •	or the st	ate of Kansas that the foreg	onig is true	and correct	i, and mat				
	ee.	or the st	ate of Kansas that the lorey	Month	Day	Year				
I have remitted the required f	ee.	o or the st	ate of Kansas that the loreg	_						

Month

Day

Year