

CVF
53-45

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.

<input type="checkbox"/> Filing fee	The filing fee for this amendment is \$75 .
<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 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 Business Services, 785-296-4570. 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"/> Tax closing month	If the tax closing month has passed, please submit an annual report and fee along with this form.

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THIS SPACE FOR OFFICE USE ONLY.

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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 |

New Entity

4. Entity name

5. 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 |

6. State or country of organization to which the entity is converted

I hereby appoint the Kansas Secretary of State as agent for service of process.

7. Service of process may be delivered to

Must be a street address. A P.O. box is unacceptable.

Name		Street Address	
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.

Signature of Authorized Person of the converting entity

X

Month

Day

Year

Name of Signer (printed or typed)

Title