



KANSAS SECRETARY OF STATE
Statement of Qualification
Domestic (Kansas) Limited Liability
Partnership

INSTRUCTIONS FOR FILING STATEMENT OF QUALIFICATION

**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.

How to complete the Statement of Qualification for a domestic (Kansas) Limited Liability Partnership (LLP):

Each of the numbered instructions below corresponds to a section on the form.

1. Provide the name of the LLP. All domestic LLPs must contain a word of formation. Pursuant to K.S.A. 17-7922, that word must be one of the following in English:

R.L.L.P., L.L.P., RLLP, LLP, REGISTERED LIMITED LIABILITY PARTNERSHIP, or LIMITED LIABILITY 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/NameAvailability.aspx>.

If the name is currently in use, either a Written Consent to Use of Similar Business Name or a letter advertising must be submitted with the formation document.

Consent to Use of Similar Business Name: Pursuant to K.S.A. 17-7918, the business may submit a Written Consent to Use of Similar Business name (Form CN), completed by the business registered with the Secretary of State's office, found at https://www.sos.ks.gov/forms/business_services/CN.pdf.

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 statement of qualification 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. At least two partners must sign on behalf of the business entity.



KANSAS SECRETARY OF STATE
Statement of Qualification
Domestic (Kansas) Limited Liability
Partnership

**INSTRUCTIONS FOR FILING
STATEMENT OF QUALIFICATION**

**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.

Fee Schedule

Statement of Qualification

The filing fee for the statement of qualification is as follows:

Paper Statement of Qualification:..... \$165

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 statement of qualification is completed, a certified copy of the statement of qualification will be mailed to the address of the sender.

DLLP

KANSAS SECRETARY OF STATE
Statement of Qualification
Domestic (Kansas) Limited Liability
Partnership

COVER PAGE
STATEMENT OF QUALIFICATION

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



KANSAS SECRETARY OF STATE
**Statement of Qualification
Domestic (Kansas) Limited Liability
Partnership**



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

(785) 296-4564
kssos@sos.ks.gov
<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 liability
partnership:**

Include word of formation. See
instructions for allowed words.

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.**

**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

Zip

KS

4. We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Signature of Partner

X

Signature of Partner

X