



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 business is in use by any other business already registered with our office online at <https://www.sos.ks.gov/eforms/BusinessEntity/NameAvailability.aspx>.

If the name is currently in use, a Consent to Use of Similar Business Name 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 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](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 registered in Kansas (may be the business the statement of qualification is for) who will receive any legal documents (e.g., subpoenas, court orders, summons, etc.) for the business named in section 1. If the resident agent is a business, 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.

**DLLP**

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### **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.



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### Kansas Attorney General Notice

Effective July 1, 2025, it is required for businesses or individuals owning or acquiring any interest in real property located within 100 miles of the boundary of any military installation located in Kansas, Nebraska, Colorado, Oklahoma, Iowa, and Texas to register said interest with the Kansas Attorney General's Office.

The following are subject to this requirement:

The government, any political party or subdivision, any corporate entity, any agent, or any citizen of the following:

- People's Republic of China (including the Hong Kong special administrative region)
- Republic of Cuba
- Islamic Republic of Iran
- Democratic People's Republic of Korea
- Russian Federation
- Bolivarian Republic of Venezuela
- Any organization that is designated as a foreign terrorist organization

This includes any individual having a controlling interest in any company formed for the purpose of holding interest in real property on behalf of any of the foregoing.

Any of the above businesses or individuals owning an interest in real property described above must submit the Foreign Principal Real Property Interest Registration Form found on the Attorney General's website at <https://www.ag.ks.gov> to the Kansas Attorney General on or before 90 days of either registering with the Kansas Secretary of State or upon acquisition of the real property.

Contact for Questions:

Kansas Attorney General  
Public Protection Division  
(785) 296-3751  
[cprotect@ag.ks.gov](mailto:cprotect@ag.ks.gov)

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**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**



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

(785) 296-4564  
kssos@sos.ks.gov  
<https://sos.ks.gov>

**1. Name of limited liability partnership:**

Include word of formation. See instructions for allowed words.

(Do not include DBA, fictitious, assumed, or trade names)

**2. Name of resident agent:**

Must be an individual, the business named in section 1, or a business 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