

**DLLP**

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

# DLLP FORM INSTRUCTIONS

All information on the statement of qualification **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 statement of qualification 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.

<b>Filing fee</b>	The filing fee for this document is <b>\$165</b> .
<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>
<b>Daytime phone and contact person</b>	_____
<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 Central Time 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>
<b>Resident agent</b>	The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
<b>Registered office</b>	The registered office is the address where the resident agent is located.
<b>Mailing address</b>	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<b>Signatures</b>	The application requires the signature of two partners.
<b>Public Information</b>	All documents filed with our office are available to the public and may be viewed online at <a href="http://www.sos.ks.gov">www.sos.ks.gov</a> without cost. Please consider this when providing information on our forms. Instructions and payment information are not public information and are shredded after use.

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**Kansas Limited Liability Partnership**  
**Statement of Qualification**

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 120 S.W. 10th Avenue  
 Topeka, KS 66612-1594

(785) 296-4564  
 kssos@sos.ks.gov  
 www.sos.ks.gov

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THIS SPACE FOR OFFICE USE ONLY.

**Instructions: All information must be completed or this document will not be accepted for filing.**

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

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**2. Name of resident agent and address of registered office in Kansas**

Must be a street, rural route, or highway. A P.O. box is unacceptable.

Name		
Street Address		
City	State <b>KS</b>	Zip

**3. Mailing address**

Address will be used to send official mail from the Secretary of State's Office.

Attention Name			
Address			
City	State	Zip	Country

**4. Tax closing month**

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**5. The above-named partnership elects to be a Kansas limited liability partnership.**

**6. Effective date**

Must be within 90 days of filing.

<input type="checkbox"/> Upon filing	<input type="checkbox"/> Future effective date:	Month	Day	Year
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**7. We declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct, and we have remitted the required fee.**

Signature of Partner	Month	Day	Year
X			
Signature of Partner	Month	Day	Year
X			