

Please  
Do Not  
Staple

**FA**

**KANSAS SECRETARY OF STATE  
Application for Registration of  
Foreign Covered Entity**

All information on the application for registration **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

**GENERAL FILING  
INSTRUCTIONS**

<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is either <b>\$115.00</b> or <b>\$165.00</b> , depending on the entity type chosen.
<input type="checkbox"/> <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><b>NOTICE: There is a \$25 service fee for all checks returned by your financial institution.</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>
<input type="checkbox"/> <b>Daytime phone and contact person</b>	_____
<input type="checkbox"/> <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 will receive that day's file date if they are without errors and received prior to 4 PM CST.</p> <p>Processed 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 activation or return faxing.</p>
<input type="checkbox"/> <b>No duplicate copies</b>	Please do not send duplicate copies of your document. The original is processed, and returned to you by mail.
<input type="checkbox"/> <b>No email</b>	We cannot accept any filings by email, except for the MA mailing address change form.
<input type="checkbox"/> <b>No filing by phone</b>	No documents or reports can be filed with our office by phone.
<input type="checkbox"/> <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.

Please  
Do Not  
Staple

**FA  
I**

# FA FORM INSTRUCTIONS

**Note: Any foreign covered entity (for profit corporation, not for profit corporation, limited liability company, series limited liability company, limited partnership, or limited liability partnership) may use this form to apply for authority or qualification in Kansas.**

## Question on Form

### 1. Foreign covered entity name

The foreign covered entity name on all documents must be **exactly** the same as it appears on the certificate, including punctuation. If the entity applying for authority has the same name as an entity already on file, you may do **one** of the following:

- Include a letter of consent from the existing entity to use the name.
- Include a letter stating that the foreign covered entity will list its home state as a means of identification and in its advertising in the state of Kansas.

The name requirements for foreign covered entities are governed by K.S.A. 17-7933. You may view statutes at [www.ksrevisor.org](http://www.ksrevisor.org).

### 3. Date of formation in home state

Your home state may include this date on the certificate of good standing/existence. Please use the date provided by the home state.

### 4. Original certificate of good standing/existence

The certificate must be an original. We will accept online certificates with a verification code if the home state offers those. We will not accept screen shots of an entity's status.

\* [Click here to see each state/jurisdiction's certificate and issuing agency.](#)

### 5. Annual reports and fees

If the entity began doing business in Kansas more than six months prior to its fiscal year end (question 8), it may owe annual reports and fees with the application. If more than two annual reports are due, or if more than 7 months and 15 days have passed from the most recent fiscal year end due and the date of the application, a penalty fee\* of \$85 applies to the application fee. All application fees, penalty fees and annual report fees may be paid with one check.

Example: An entity with a fiscal year end of December that was doing business in Kansas prior to July 1 of the previous year would include one annual report and its filing fee with the application.

To determine reports and fees due, see FA-I Annual Report Fee Schedule attachment for not-for-profit corporations and for-profit entities.

\*Penalty fees do not apply to not-for-profit corporation applications with annual reports due.

### 6. Resident agent

The resident agent is a person or an entity registered with the Kansas Secretary of State that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not mean 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.

### 11a. LLC

This statement applies only if the application is for a series limited liability company.

### 11b. LLP

This statement applies only if the application is for a limited liability partnership.

### 12. Signature(s)

The signer(s) of the application may be whatever governor (officer, director, authorized person, or partner) with authority according to the organic documents of the entity in its home state. There is no need to list titles with signatures.

**Effective date:** Any document that is required by this act to be filed with the Secretary of State shall be effective upon its filing date. Any document may provide that it is not to become effective until a specified date subsequent to its filing date, but such date shall not be later than 90 days after its filing date.

If you wish to include a future effective date for your foreign covered entity's application that is not more than 90 days after filing with the Secretary of State, please add the following information at the bottom of the FA form under Item 11:

**"Effective Date: \_\_/\_\_/\_\_."**

Please  
Do Not  
Staple

**FA  
I**

# ANNUAL REPORT FEE SCHEDULE

## For-profit entities:

To determine fees and/or taxes owed, please refer to the chart below for the tax years for which your are filing past due annual reports.

### Annual reports with tax year ending DECEMBER 2004 TO PRESENT:

**Franchise tax calculation:** N/A

**Minimum amount:** \$55 flat filing fee  
**Maximum amount:** \$55 flat filing fee

---

### Annual reports with tax year ending 2001 TO NOVEMBER 2004:

**Franchise tax calculation:** \$2 for every \$1,000 of net worth

**Minimum amount:** \$55  
**Maximum amount:** \$5015

---

### Annual reports with tax year ending PRIOR AND UP TO 2000:

**Franchise tax calculation:** \$1 for every \$1,000 of net worth

**Minimum amount:** \$35  
**Maximum amount:** \$2515

## Not-for-profit corporations:

To determine fees and/or taxes owed, please refer to the chart below for the tax years for which your are filing past due annual reports.

### Annual reports with tax year ending 2001 TO PRESENT:

**Fee amount:** \$40 flat filing fee

---

### Annual reports with tax year ending 1993 TO 2000:

**Fee amount:** \$20 flat filing fee

---

### Annual reports with tax year ending 1972 TO 1992:

**Fee amount:** \$5 flat filing fee

---

**Annual reports were not filed for not-for-profit corporations PRIOR TO 1972.**

Please  
Do Not  
Staple

**FA**

**KANSAS SECRETARY OF STATE  
Application for Registration of  
Foreign Covered Entity**

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

THIS SPACE FOR OFFICE USE ONLY.

All information on the application for registration must be complete and accompanied by the correct filing fee or the document will not be accepted for filing. **A certificate of existence or good standing from the home state must accompany the application.**

**Choose type of covered entity:**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Corporation for profit</b><br>(fee \$115) 51-03     | <input type="checkbox"/> <b>Series limited liability company</b><br>(fee \$165.00) 51-33<br>(Complete statement 11a, if applicable) |
| <input type="checkbox"/> <b>Corporation not for profit</b><br>(fee \$115) 51-17 | <input type="checkbox"/> <b>Limited partnership</b><br>(fee \$165) 51-06  |
| <input type="checkbox"/> <b>Limited liability company</b><br>(fee \$165) 51-10  | <input type="checkbox"/> <b>Limited liability partnership</b><br>(fee \$165) 51-18<br>(Statement 11b applies)                       |

**1. Name of covered entity:**

Must *exactly* match name on certificate.

**2. State or foreign country of origin:**

**3. Date of formation in home state:**

Month	Day	Year

**4. Include a statement (certificate of good standing/existence\*) issued within 90 days of the application by the proper officer of the jurisdiction where such foreign entity is organized (usually the Secretary of State or comparable agency) that the entity exists in good standing under the laws of the jurisdiction of its organization.**

\* [Click here to see each state/jurisdiction's certificate and issuing agency.](#)

**5. Date the covered entity began doing business in Kansas if different than the filing date:**

Month	Day	Year

See FA-I #5 for additional filings and fees that may be due.

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

Must be a Kansas street address. A P.O. Box is unacceptable.

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

**7. Mailing address:**

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

Attention Name			
Address			
City	State	Zip	Country

**8. Fiscal year end:**

--

**9. Full nature and character of business to be conducted in Kansas:**

--

**10. The foreign covered entity hereby consents, without power of revocation, that actions may be commenced against it in the proper court of any county in the state of Kansas; and the foreign covered entity stipulates and agrees that such service shall be taken and held in all courts to be valid and binding as if due service had been made upon the authorized persons of the foreign covered entity.**

**11a. This statement applies to foreign series limited liability companies only, and applies only if the series limited liability company is chosen as type of covered entity.**

The limited liability company is governed by an operating agreement that establishes or provides for the establishment of a series of members, managers, limited liability company interests or assets having separate rights, powers or duties with respect to specified property or obligations of the foreign limited liability company or profits and losses associated with specified property or obligations.

Check all that apply:

The debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series, if any, are enforceable against the assets of such series only, and not against the assets of the foreign limited liability company generally or any other series thereof.

Any of the debts, liabilities, obligations and expenses incurred, contracted for or otherwise existing with respect to the foreign limited liability company generally or any other series thereof shall be enforceable against the assets of such series.

**11b. This statement applies to foreign limited liability partnerships only, and applies only if the foreign limited liability partnership is chosen as type of covered entity.**

The above-named partnership elects to be a foreign limited liability partnership.

**12. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.**

Signature of Authorized Person

Name of Signer (Printed or Typed)