

**FL**  
51-10

**KANSAS SECRETARY OF STATE**  
**Foreign Limited Liability**  
**Company Application**  
Instructions

**Kansas Office of the Secretary of State:**

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

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

Stay up-to-date on your organization's status, annual report due date and contact addresses by going to **www.sos.ks.gov**.

<input type="checkbox"/> <b>Original certificate of good standing or existence</b>	The certificate must be issued by the state, country or other jurisdiction where organized attesting to the fact that such foreign limited liability company is in good standing in such jurisdiction. The certificate must be issued within 90 days of filing the application.
<input type="checkbox"/> <b>Filing fee</b>	The filing fee for this document is <b>\$165</b> .
<input type="checkbox"/> <b>Payment</b>	Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. <b>NOTICE:</b> There is a \$25 service fee for all checks returned by your financial institution. <b>Also, to expedite processing, please do not use staples on your documents or to attach checks.</b>
<input type="checkbox"/> <b>Company name</b>	<p>The limited liability company name on all documents must be exactly the same as it appears on the certificate, including punctuation. If the LLC applying for authority has the same name as an entity already on file, you may do <b>one</b> of the following:</p> <ul style="list-style-type: none"><li>• Include a letter of consent from the existing entity to use the name. If the existing entity is a corporation, the consent must be signed by an authorized officer. A consent from another type of entity must be signed by any authorized person.</li><li>• Include a letter stating that the LLC will list its home state as a means of identification and in its advertising in the state of Kansas.</li></ul> <p>The use of the LLC name is governed by K.S.A. 17-76, 123. You may view statutes at <b>www.kslegislature.org</b>.</p>
<input type="checkbox"/> <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.
<input type="checkbox"/> <b>Registered office</b>	The registered office is the address where the resident agent is located.
<input type="checkbox"/> <b>Mailing address</b>	The mailing address is where you would like to receive official mail from the Secretary of State's Office.
<input type="checkbox"/> <b>Signature</b>	The application requires the signature of an authorized officer.
	<b>NOTICE:</b> If the entity has been doing business in Kansas at least six months prior to filing with our office, you may owe annual reports and/or penalty fee (K.S.A. 17-76, 139)

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THIS SPACE FOR OFFICE USE ONLY.

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A certificate of existence or good standing from the home Secretary of State must accompany this application.

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

**1. Name of limited liability company**

Must match the name on record with the home state

**2. State/Country of organization**

**3. Date of organization in home state**

Month	Day	Year
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**4. Began doing business in Kansas**

Upon qualification

Date

Month	Day	Year
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**5. 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>	

**6. Mailing address**

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

Attention Name			
Address			
City	State	Zip	Country

**7. Tax closing month**

**8. Full nature and character of the business to be conducted in Kansas**

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**9. If management vests with members, please provide the name and address of each member.**

**If management vests with managers, please provide the name and address of each manager**

Do not leave blank. If additional space is needed please provide and attachment.

Name 1			
Address			
City	State	Zip	Country
Name 2			
Address			
City	State	Zip	Country
Name 3			
Address			
City	State	Zip	Country
Name 4			
Address			
City	State	Zip	Country

**10. The limited liability company 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 where there is a proper venue by service of process on the Secretary of State of the state of Kansas; and the limited liability company 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 members of the foreign limited liability company.**

**11. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct, and that the company is in good standing in its home state, and I have remitted the required fee.**

Signature of Manager or Member	Month	Day	Year