



KANSAS SECRETARY OF STATE
Statement of Partnership Authority
General Partnership

**INSTRUCTIONS FOR FILING
STATEMENT OF PARTNERSHIP
AUTHORITY**

**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 Partnership Authority for a General Partnership:

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

1. Provide the name of the general partnership.
2. Provide the principal office of the general partnership.

Principal office: Must be a physical address that must include the building number, street, city, state, and zip code. This can't be a PO box.
3. Provide an address for the general partnership's office in the state of Kansas if one exists.

- 4a. Provide the mailing address of each partner.

OR

- 4b. Provide the agent appointed by the general partnership to maintain the names and addresses of the partners for the general partnership.
5. Provide each of the names of the partners who are authorized to execute an instrument transferring real property held in the name of the partnership. Leave this question blank if no partner is authorized.
6. Optional: Provide the authority or limitations of authority of some or all the partners, or of an agent appointed and maintained by the partnership for the purpose of K.S.A. 56a-303(d).
7. At least two partners must sign on behalf of the entity.

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Fee Schedule

Statement of Partnership Authority

The filing fee for the statement of partnership authority is as follows:

Paper Statement of Partnership Authority: \$35

Mail to:

Kansas Secretary of State
Docking Building, 1st Floor
915 SW Harrison Street
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 Partnership Authority is completed, a certified copy of the Statement of Partnership Authority will be mailed to the address of the sender.

CREDIT/DEBIT CARD COVER PAGE

ONLY INCLUDE **ONE** CREDIT/DEBIT CARD COVER PAGE
WHEN SUBMITTING MULTIPLE DOCUMENTS.

THE CREDIT/DEBIT CARD CAN BE CHARGED FOR ALL FEES DUE.

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

Name on Card

Credit/Debit Card Number

Expiration Date (MM/YY)

CVV (3 or 4 digit security code on back of card)

Billing Zip Code

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KANSAS SECRETARY OF STATE
Statement of Partnership Authority
General Partnership



Kansas Secretary of State
Docking State Office Building
915 SW Harrison Street
Topeka, KS 66612

(785) 296-4564
kssos@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.)

Note: Unless earlier canceled, a filed statement of partnership authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the Secretary of State.

1. Name of general partnership:

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2. Principal office address:

Must be a street, rural route, or highway. **A PO box is unacceptable.**

Street Address (A PO Box is unacceptable)

City

State

Zip

Country

3. Address of the partnership's office in Kansas if one exists:

Street Address

City

State

KS

Zip

4a. Name and mailing address of each partner:

Name			
Address			
City	State	Zip	Country

Name			
Address			
City	State	Zip	Country

Name			
Address			
City	State	Zip	Country

OR

4b. Name of an agent appointed by the partnership:

Name			
Address			
City	State	Zip	Country

5. The name(s) of the partner(s) authorized to execute an instrument transferring real property held in the name of the partnership:

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6. The authority or limitations on authority of some or all partners to enter into transactions on behalf of the partnership:

Optional

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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. (This form requires the signature of two partners.)

Signature of Partner

X

Signature of Partner

X