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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  
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 partnership authority is completed, a certified copy of the statement of partnership authority will be mailed to the address of the sender.

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**COVER PAGE**  
**STATEMENT OF PARTNERSHIP**  
**AUTHORITY**

*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**

**GA**

**KANSAS SECRETARY OF STATE  
Statement of Partnership Authority  
General Partnership**



Memorial Hall, 1st Floor (785) 296-4564  
120 S.W. 10th Avenue kssos@ks.gov  
Topeka, KS 66612-1594 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 <b>KS</b>	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 of 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