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**KANSAS SECRETARY OF STATE  
Certificate of Merger of Two or More  
Different Business Entity Types**

**GENERAL FILING  
INSTRUCTIONS**

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

<b>Filing fee</b>	The filing fee for a certificate of merger of two (2) business entities is <b>\$75</b> . A fee of <b>\$10</b> is required for each additional business entity involved in the merger.
<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>
<b>Daytime phone and contact person</b>	
<b>Signature</b>	Pursuant to K.S.A. 17-78-205(a), a certificate of merger shall be signed by one or more authorized persons on behalf of the surviving business entity.

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

**Note: At least one of the merging entities must be a Kansas business entity.**

**1. Name, state or jurisdiction of organization, type of business entity (e.g., LLC, corporation, LP, etc.), and Kansas business entity ID number (if known) of each merging entity that is not the surviving business entity:**

(Name must match the name on record with the Kansas Secretary of State.)

If additional space is needed use attachment provided.

Name of Business Entity	State/Jurisdiction	Entity Type	ID Number

**2. Name, state or jurisdiction of organization, type of business entity, and Kansas business entity ID number (if known) of the surviving entity:**

Name of Business Entity	State/Jurisdiction	Entity Type	ID Number

**3. An agreement of merger was approved by each domestic merging entity, if any, in accordance with K.S.A. 17-78-201 through 17-78-206, and amendments thereto, and by each foreign merging entity, if any, in accordance with the law of its jurisdiction of organization.**

**4. Surviving business entity: (check one)**

- The surviving entity is an existing Kansas entity, and amendment to its public organic document, if any, approved as part of the agreement of merger is attached.
- The surviving entity is a Kansas entity created by the merger, and its public organic document or statement of qualification is attached.
- The surviving entity is a foreign entity\* that (1) may be served with process in this state for the collection and enforcement of any liabilities of a domestic merging entity; and (2) irrevocably appoints the Secretary of State as its agent to accept service of process in any such suit or other proceeding.

\*If the surviving foreign entity is not a qualified foreign entity, a mailing address to which the Secretary of State may send any process served on the Secretary of State pursuant to subsection (e) of K.S.A. 17-78-206, and amendments thereto, follows:

Street Address			
City	State	Zip Code	Country

**5. Effective date:**

Upon filing

Future effective date:  
(Cannot be later than 90 days after  
the date this certificate is filed.)

Month

Day

Year

**6. If any conflict exists between this certificate and the information herein and any attachment to this certificate and the information herein, this certificate and the information herein prevails.**

**7. I/We declare under the penalties of perjury that the facts stated in this certificate are true and that any power of attorney used in connection with the execution of this certificate is in proper form and substance.**

Signature of Authorized Person of Surviving Business Entity X	Name of Signer (printed or typed)
Signature of Authorized Person of Surviving Business Entity X	Name of Signer (printed or typed)

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Attachment

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