

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Secretary of State
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Secretary of State
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Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

Pursuant to the provisions of KRS 362, the undersigned partnership submits the following statement:

Article I: The name of the partnership electing to be a limited liability partnership is

2-Wards Cleaning Limited Liability Partnership

Article II: The mailing address of the chief executive office of the limited liability partnership is

416 Mount Zion Rd, Bowling Green, KY 42101

Article III: The street address of the partnership's initial registered office in Kentucky is

416 Mount Zion Rd, Bowling Green, KY 42101

and the name of the initial registered agent at that office is **Michael Ward**

Article IV: The above partnership elects to be a limited liability partnership.

We declare under penalty of perjury under the laws of the state of
Kentucky that the foregoing is true and correct

Name of partner: **Michael Ward**

Name of partner: **Lorrie Ward**

Signature of individual signing on behalf of partner: **Michael Ward**

Signature of individual signing on behalf of partner: **Lorrie Ward**

I, **Michael Ward**, consent to serve as the Registered Agent on behalf of the
limited liability partnership.

Signature of Registered Agent or individual signing on behalf of the
company serving as Registered Agent:

Michael Ward