KNLP

Commonwealth of Kentucky Michael G. Adams, 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

530 sixth ave Limited Liability Partnership

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

259 Ward Ave, Bellevue, KY 41073

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

259 Ward Ave, Bellevue, KY 41073

and the name of the initial registered agent at that office is Scott Quigley

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: **Wayne Quigley** Name of partner: **Wayne Quigley** Name of partner: **Scott Quigley**

Signature of individual signing on behalf of partner: Scott Quigley

Signature of individual signing on behalf of partner: Wayne Quigley

I, **Scott Quigley**, 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:

Scott Quigley