

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
Secretary of State
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Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

**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

A Clockwork Apocalypse Productions L.L.P.

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

2223 Stonewood Lane, Lexington, KY 40509

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

2223 Stonewood Lane, Lexington, Kentucky, 40509

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

2223 Stonewood Lane, Lexington, KY 40509

and the name of the initial registered agent at that office is **Stephanie Klutts**

Article V: 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: **Bob McKinley**

Signature of individual signing on behalf of partner: **Bob McKinley**

I, **Stephanie Klutts**, 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:

Stephanie Klutts