

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

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Alison Lundergan Grimes
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

1791, LLP

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

5200 Sulphur Well Pike, Nicholasville, KY 40356

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

5200 Sulphur Well Pike, Nicholasville, KY 40356

and the name of the initial registered agent at that office is **Connie Hale**

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

Article V: The effective date of this filing is **Tuesday, August 01, 2017**

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

Name of partner: **Connie Hale**

Name of partner: **David Willis II**

Signature of individual signing on behalf of partner: **Connie Hale**

Signature of individual signing on behalf of partner: **David Willis II**

I, **Connie Hale**, 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:

Connie Hale