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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)

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

3rd Son Construction LLP

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

1909 woodsboro road, crestwood, KY 40014

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

1909 woodsboro road, crestwood, Kentucky, 40014

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

1909 woodsboro road, crestwood, KY 40014

and the name of the initial registered agent at that office is jacob thomas

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: **jacob thomas** Signature of individual signing on behalf of partner: **jacob thomas** Name of partner: **lance porter**

I, **jacob thomas**, 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:

jacob thomas

KNLP