

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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KNLP

Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

1. The name of the partnership electing to become a limited liability partnership is  
**DEMOBEE ENTERPRISES Limited Liability Partnership**
2. The mailing address of the chief executive office of the limited liability partnership is  
**216 S Chiles St, Harrodsburg, KY 40330**
3. The name of the initial registered agent is  
**ERIK DEMONBREUN**  
and the street address of the entity's initial registered office in Kentucky is  
**216 S Chiles St, Harrodsburg, KY 40330**
4. The above partnership elects to be a limited liability partnership.  
This filing will be effective on **Friday, November 1, 2024.**

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

Signature of individual signing on behalf of **General Partner: ERIK DEMONBREUN**

Signature of individual signing on behalf of **General Partner: Jonas Taulbee**

I, **ERIK DEMONBREUN**, consent to sign for **ERIK DEMONBREUN** who serves as the Registered Agent on behalf of this entity on Friday, October 18, 2024.