

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

KNLP

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Michael G. Adams  
Secretary of State  
Received and Filed  
9/30/2024 2:11:05 PM  
Fee receipt: \$40

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  
**376 Woodview Dr L.L.P.**
  2. The mailing address of the chief executive office of the limited liability partnership is  
**PO BOX 147, Hygiene, CO 80533**
  3. The name of the initial registered agent is  
**Registered Agents Inc**  
and the street address of the entity's initial registered office in Kentucky is  
**212 N 2nd Ste 100, Richmond, KY 40475**
  4. The above partnership elects to be a limited liability partnership.
- This filing will be effective on **Monday, September 30, 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 **Partner: Logan Schlutz**

Signature of individual signing on behalf of **Partner: Dena Schlutz**

I, **David Roberts**, consent to sign for **Registered Agents Inc** who serves as the Registered Agent on behalf of this entity on Monday, September 30, 2024.