

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

KNLP  
1418906.17  
Michael G. Adams  
Secretary of State  
Received and Filed  
1/2/2025 12:00:00 AM  
Fee receipt: \$40

Michael G. Adams  
Secretary of State  
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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  
**Hills Mattress & More Limited Liability Partnership**
2. The mailing address of the chief executive office of the limited liability partnership is  
**2539 Mount Victor Ln Ste 3, Bowling Green, KY 42103**
3. The name of the initial registered agent is  
**jeffery hills**  
and the street address of the entity's initial registered office in Kentucky is  
**472 Lansing Ln, Bowling Green, KY 42101**
4. The above partnership elects to be a limited liability partnership.  
This filing will be effective on **Thursday, January 2, 2025**.  
This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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:**  
**Miranda s Hills**

Signature of individual signing on behalf of **General Partner:**  
**jeffery wayne hills**

I, **jeffery wayne hills**, consent to sign for **jeffery hills** who serves as the Registered Agent on behalf of this entity on Thursday, January 2, 2025.