

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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**Certificate of Limited Partnership**  
**Domestic Business Entity**

**KNP**

Pursuant to the provisions of KRS Chapter 362.2, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

**Article I:** The name of the limited partnership is

**YELLOW UMBRELLA SHAVED ICE LIMITED LIABILITY LIMITED PARTNERSHIP**

**Article II:** The mailing address of the designated office of the limited partnership is

**730 S. Main Street, Calvert City, KY 42029**

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

**730 S. Main Street, Calvert City, KY 42029**

and the name of the initial registered agent at that office is **Dwight Allen Jones**

**Article IV:** The name and mailing address of each general partner is

Thesha Ann Jones 730 South Main Street, Calvert City, KY 42029

Dwight Allen Jones 730 South Main Street, Calvert City, KY 42029

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

**Article VI:** This application will be effective on **Tuesday, May 14, 2024.**

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

Signature of partner: **Thesha Ann Jones**

Signature of partner: **Dwight Allen Jones**

I, **Dwight Allen Jones**, consent to serve as the Registered Agent on behalf of the corporation.

**Dwight Allen Jones**

5/14/2024