

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

Michael G. Adams  
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)**

**KNL**

KNLP  
1353314.17  
Michael G. Adams  
Secretary of State  
Received and Filed  
3/27/2024 12:00:00 AM  
Fee receipt: \$40

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

**WO Network, LLP**

2. The mailing address of the chief executive office of the limited liability partnership is

**7203 River Rd, Prospect, KY 40059**

3. The street address of the partnership's initial registered office in Kentucky is

**7203 River Rd, Prospect, KY 40059**

and the name of the initial registered agent at that office is **Elizabeth Nalley**

4. The above partnership elects to be a limited liability partnership.

5. This application will be effective on **Wednesday, March 27, 2024.**

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

Name of partner: **Elizabeth Nalley**

Signature of individual signing on behalf of partner: **Elizabeth Nalley**

Name of partner: **Elizabeth Nalley**

Signature of individual signing on behalf of partner: **Elizabeth Nalley**

Name of partner: **Holly Hartman**

Signature of individual signing on behalf of partner: **Holly Hartman**

Name of partner: **Holly Hartman**

Signature of individual signing on behalf of partner: **Holly**

**Hartman**

I, **Elizabeth Nalley**, consent to sign for **Elizabeth Nalley** who serves as the Registered Agent on behalf of the limited liability partnership.  
on Wednesday, March 27, 2024

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