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ADDMichael G. Adams
Kentucky Secretary of State
Received and Filed:
7/10/2024 4:04 PM
Fee Receipt: \$90.00**COMMONWEALTH OF KENTUCKY**
MICHAEL G. ADAMS, SECRETARY OF STATEDivision of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov**Statement of Foreign Qualification**
(Foreign Limited Liability Partnership)**FNL**

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned applies to qualify and for that purpose submits the following statement:

1. The name of the foreign limited liability partnership is Simmons Hanly Conroy LLP.
2. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of the partnership's principal office address is:

One Court Street Alton IL 62002**Street Address or Post Office Box Numbers** **City** **State** **Zip**

4. The mailing address of the principal office address of any partnership office in Kentucky (if applicable):

Street Address or Post Office Box Numbers **City** **State** **Zip**

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

306 W. Main Street, Suite 512 Frankfort KY 40601**Street Address (No Post Office Box Numbers)** **City** **State** **Zip**

6. The name of the initial registered agent at that office is C T Corporation System

7. The state or country of jurisdiction of the organization is Illinois

8. This application will be effective upon filing.

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

 John Simmons 7/9/2024
Signature of Partner **Printed Name** **Date** Valere Nassif 7/9/2024
Signature of Partner **Printed Name** **Date**

I, C T Corporation System, consent to serve as the registered agent on behalf of the limited liability partnership.

By:  Theresa Buck, Assistant Secretary 7/10/2024
Signature of Registered Agent **Printed Name** **Date**