

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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KY Secretary of State
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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:

Article I: The name of the partnership electing to be a limited liability partnership is

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Article II: The mailing address of the chief executive office of the limited liability partnership is

and the street address of an office in Kentucky is

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

,, KY

and the name of the initial registered agent at that office is **Jenae Christesen**

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

Article V: The partnership previously filed a Statement of Authority with the Secretary of State on **Saturday, January 1, 2000.**

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

Name of partner: **Jenae s c**

Signature of individual signing on behalf of partner: **Jenae s c**

Name of partner: **Jenaes Entity**

Signature of individual signing on behalf of partner: **Jenaes Entity**

I, **Jenae Christesen**, consent to serve as the Registered Agent on behalf of the limited liability company.
on Wednesday, July 13, 2022