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

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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** 

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

#### SpringBreak Dimze, LIMITED LIABILITY PARTNERSHIP

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

#### 1212 Cabell Dr, Bowling Green, KY 42104

3. The name of the initial registered agent is

#### **Ashley Cowles**

and the street address of the entity's initial registered office in Kentucky is

### 1212 Cabell Dr, Bowling Green, KY 42104

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

This filing will be effective on Tuesday, November 12, 2024.

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**:

#### **Ashley Cowles**

Signature of individual signing on behalf of **General Partner**:

James Chad Cowles

I, **Ashley Cowles**, consent to sign for **Ashley Cowles** who serves as the Registered Agent on behalf of this entity on Tuesday, November 12, 2024.