

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

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Michael G. Adams  
KY Secretary of State  
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KCLP

Michael G. Adams  
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

**MM ROOFING LIMITED PARTNERSHIP**

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

**1615 BLUEGRASS AVE, LOUISVILLE, KY 40215**

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

**1615 BLUEGRASS AVE, LOUISVILLE, KY 40215**

and the name of the initial registered agent at that office is **MAYRA REYES**

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

MAYRA REYES	1615 BLUEGRASS AVE, LOUISVILLE, KY 40215
BAUDELIO	1615 BLUEGRASS AVE, LOUISVILLE, KY 40215
MORALES	
ROBLERO	

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

Signature of partner: **MAYRA REYES**

Signature of partner: **BAUDELIO MORALES ROBLERO**

I, **MAYRA REYES**, consent to serve as the Registered Agent on behalf of the corporation.

**MAYRA REYES**

7/18/2023