

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

KNLP

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
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:

1. The name of the partnership electing to become a limited liability partnership is

**Commonwealth Process Services Limited Liability Partnership**

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

**738 Lakeview Dr, Lexington, KY 40505**

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

**738 Lakeview Dr, Lexington, KY 40505**

and the name of the initial registered agent at that office is **Kevin Bullock**

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

5. This application will be effective on **Tuesday, April 30, 2024.**

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

General Partner: **Gabriel Wooley**

General Partner: **Kevin Bullock**

I, **Kevin Bullock**, consent to sign for **Kevin Bullock** who serves as the Registered Agent on behalf of the limited liability partnership.  
on Tuesday, April 30, 2024