

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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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
Moonshine Trail LLP
2. The mailing address of the chief executive office of the limited liability partnership is
1 S Main St, Winchester, KY 40391
3. The name of the initial registered agent is
Ben Pasley
and the street address of the entity's initial registered office in Kentucky is
1 S Main St, Winchester, KY 40391
4. The above partnership elects to be a limited liability partnership.
This application will be effective on **Wednesday, July 24, 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 **Partner: Colin Fultz**
Signature of individual signing on behalf of **Partner: Howard Arvin**
Signature of individual signing on behalf of **Partner: Jake Wiseman**

I, **Ben Pasley**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, July 24, 2024.