



COMMONWEALTH OF KENTUCKY
ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

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KCLP

Alison Lundergan Grimes
Kentucky Secretary of State
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Division of Business Filings
Business Filings
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(502) 564-3490
www.sos.ky.gov

Certificate of Limited Partnership
(Domestic Business Entity)

KNP

Pursuant to the provisions of KRS 14A and KRS 362, 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).

1. The name of the limited partnership is AMJC LLLP

2. The mailing address of the principal office of the limited partnership is:

1516 Cherokee Road Apt. 12 Louisville KY 40205
Street Address or Post Office Box Numbers City State Zip Code

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

1516 Cherokee Road Apt. 12 Louisville KY 40205
Street Address (No Post Office Box Numbers) City State Zip Code

4. The name of the initial registered agent at that office is Micah Chowning

5. The name and street address of each general partner is:

<u>Micah Chowning</u>	<u>1516 Cherokee Road Apt. 12</u>	<u>Louisville</u>	<u>KY</u>	<u>40205</u>
Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code
<u>Andrew Chowning</u>	<u>1516 Cherokee Road Apt. 12</u>	<u>Louisville</u>	<u>KY</u>	<u>40205</u>
Name	Street Address (No Post Office Box Numbers)	City	State	Zip Code

6. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable: ☒

7. This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____

(Delayed effective date and/or time)

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

<u>Micah Chowning</u>	<u>Micah Chowning</u>	<u>4/23/14</u>
Signature of Partner	Printed Name	Date
<u>Andrew Chowning</u>	<u>Andrew Chowning</u>	<u>4/23/14</u>
Signature of Partner	Printed Name	Date

I, Micah Chowning, consent to serve as the registered agent on behalf of the limited partnership.
Print Name of Registered Agent

<u>Micah Chowning</u>	<u>Micah Chowning</u>	<u>4/23/14</u>
Signature of Registered Agent	Printed Name	Date