

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

Island Partners Ventures Limited Liability Partnership

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

1522 Player Drive, Lexington, KY 40511

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

1522 Player Drive, Lexington, KY 40511

and the name of the initial registered agent at that office is **Thomas R Lambuth**

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

5. This application will be effective on **Tuesday, May 21, 2024.**

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

Partner: **Thomas R Lambuth**

Partner: **Raymond Relford**

I, **Thomas R Lambuth**, consent to serve as the Registered Agent on behalf of the limited liability partnership.
on Tuesday, May 21, 2024