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#### Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

# Statement of Qualification (Domestic Limited Liability Partnership)

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

## Ramirez Rod Buster LLP

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

### 13765 HWY 44 East, Taylorsville, KY 40071

3. The name of the initial registered agent is

### Veidis Ramirez Solis

and the street address of the entity's initial registered office in Kentucky is

# 13765 Hwy 44 East, Taylorsville, KY 40071

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

This filing will be effective on Friday, December 6, 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: Veidis Ramirez Solis** Signature of individual signing on behalf of **Partner: Miguel Angel Ramirez Broca** 

l, **Veidis Ramirez Solis**, consent to serve as the Registered Agent on behalf of this entity on Friday, December 6, 2024.