

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

KCLP  
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Michael G. Adams  
Secretary of State  
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Secretary of State  
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**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 liability limited partnership is

**WAKE AND BRAKE MOBILE AUTO REPAIR LLLP**

2. The mailing address of the entity's principal office is

**6015 STATE ROUTE 1389, OWENSBORO, KY 42303**

3. The name of the initial registered agent is

**MICHAEL EDWARDS**

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

**6015 STATE ROUTE 1389, OWENSBORO, KY 42303**

4. The name and mailing address of each general partner is:

<b>General Partner</b>	JOSEPH TATE	3800 BRENTWOOD DRIVE, OWENSBORO, KY 42301
<b>General Partner</b>	MICHAEL EDWARDS	6015 STATE ROUTE, OWENSBORO, KY 42303

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

6. This filing will be effective on **Wednesday, October 2, 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: JOSEPH TATE**

Signature of individual signing on behalf of **Partner: MICHAEL EDWARDS**

I, **MICHAEL EDWARDS**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, October 2, 2024.