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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

### 2 Girls and a Venue LLP

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

#### 10670 Kelsey Drive Independence, KY. 41051, INDEPENDENCE, KY 41051

3. The name of the initial registered agent is

#### **Kelley Adkins**

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

## 10670 Kelsey Drive Independence, KY. 41051, INDEPENDENCE, KY 41051

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

This filing will be effective on Thursday, March 20, 2025.

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: Kelley Adkins** Signature of individual signing on behalf of **Partner: Taylor Campbell** 

l, **Kelley Adkins**, consent to serve as the Registered Agent on behalf of this entity on Thursday, March 20, 2025.