

# COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Statement of Qua (Domestic Limited L			KNL
Pursuant to the provisions of KRS	S 14A and KRS 362.1, the	undersigned partnership	submits the follow	ving statement:
1. Name of the partnership elect	ing to be a limited liability p	artnership is:		
The Mark L. Morgan Law G	Froup, LLP			
2. The name of the entity to be u	ised in Kentucky is (if appli	cable):		
3. The mailing address of princip		(Only provide if "real nar	ne" is unavailable for u	ie; otherwise, leave blank
426 South Fourth Street		anville K	Y	40422
Street Address or Post Office Box Numbers		/ Sta	ite	Zip Code
426 South Fourth Street Street Address or Post Office Box Nun 5. The street address of the part	nbers Cit			40422 Zip Code
426 South Fourth Street	D	anville K	Y	40422
Street Address (No Post Office Box Nu	imbers) Cit	/ Sta	ite	Zip Code
6. The name of the initial registe	red agent at that office is:			
Stacey Hardin Hibbard, PL	LC			
7. The above partnership elects	to be a limited liability partr	ership		
8. The partnership previously file		•	ato on	
	a Statement of Authority	with the Secretary of Sta	Date	·····
9. This application will be effective or the delayed effective date can	not be prior to the date the	application is filed. The	date and/or time i	s November 1, 2013 Delayed effective date and/or time)
We declare under penalty of perj			toregoing is true a	and correct.
Signature of Partner	Stacey Ha	ardin Hibbard, PLLC	$\frac{10/20}{\text{Date}}$	113
Maddal		, Irgan & Associates, PL		2/13
Signature of Partner	Printed Nam	>	Date	

Stacey Hardin Hibbard, PLLC

consent to serve as the registered agent on behalf of the limited liability					
Stacey Hardin Hibbard, PLLC	10/28/13				
Printed Name	Date				

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Signature of Registered Agent (01/12)

## FILING INSTRUCTIONS STATEMENT OF QUALIFICATION

### NAME

The name of the limited liability partnership shall end with "Registered Limited Liability Partnership," "Limited Liability Partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP."

## **REGISTERED OFFICE AND REGISTERED AGENT**

The registered office of the business entity must be in Kentucky and maintain a street address (a PO Box is insufficient for the registered office address). In order to transact business in Kentucky, the registered agent shall be an individual resident of Kentucky, a Kentucky domestic corporation, a Kentucky domestic non-corporation, a Kentucky domestic limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company, a foreign corporation, a foreign non-corporation or a foreign limited liability company authorized to transact business in Kentucky. The registered agent is the individual or business designated to receive service of process in the event the business is party to a legal action. The company seeking formation shall not act as its own registered agent.

## CONSENT OF REGISTERED AGENT

Unless the registered agent signs the statement, the partnership must deliver with the statement of qualification, the registered agent's consent to the appointment. The registered agent must give written consent to act as agent on behalf of the limited liability partnership. If the registered agent is a corporation an officer or the chairman of the board of directors must sign on behalf of the corporation. If the registered agent is a limited liability company and management of the company is vested in one or more managers, a manager must sign on behalf of the limited liability company. If management of the company is vested in its members, a member must sign. The person signing on behalf of the business entity acting as agent must designate the title or capacity in which he or she signs.

## WHO MAY SIGN

The document must be signed by at least two partners.

## DOCUMENT DELIVERY

A file stamped postcard will be sent to the principal office address. If the applicant wishes for the document to be sent to an alternate address other than the principal office, a request must be submitted in writing affirming that request. Alternate address requests must be submitted with each document filed with the Office of the Secretary of State.

## **EFFECTIVE DATE AND TIME**

The document will be effective on the date and time of filing, unless a delayed effective date and/or time is specified. The effective date or the delayed effective date cannot be prior to the date the application is filed. A delayed effective date may not be later than the 90<sup>th</sup> day after the date of filing.

## NUMBER OF COPIES

Submit the original statement of limited liability partnership and one (1) exact or conformed copy. One file-stamped copy must then be filed with the county clerk of the county in which the partnership's registered office is situated.

#### FILING FEE

The filing fee is \$40.00. Checks should be made payable to the "Kentucky State Treasurer."

MAILING ADDRESS Alison Lundergan Grimes Office of the Secretary of State P.O. Box 718 Frankfort, KY 40602-0718 OFFICE LOCATION Room 154, Capitol Building 700 Capital Avenue Frankfort, KY 40601 Hours of Operation: 8:00 AM-4:30 PM ET

### CONTACT INFORMATION AND NAME AVAILABILITY

If you have any questions, need additional forms or wish to search for name availability, please feel free to visit our website at www.sos.ky.gov or call 502-564-3490.

FUTURE DOCUMENTATION REQUIREMENTS AND DEADLINES: The limited partnership must file an annual report with the Office of the Secretary of State between January 1 and June 30 of the year following the calendar year in which the partnership was formed. Subsequent annual reports must be filed with the Office of the Secretary of State between January 1 and June 30 of the following calendar years. A statement of change of the registered agent and/or registered office address or principal office address must be filed with the Office of the Secretary of State whenever a change has occurred involving any of the above categories. You may file your statement of change or annual report online at www.sos.ky.gov.