



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Foreign Qualification
(Foreign Limited Liability Partnership)

FNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned applies to qualify and for that purpose submits the following statement:

1. The name of the foreign limited liability partnership is Weaver and Tidwell, L.L.P.
2. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)
3. The mailing address of the partnership's principal office address is:

4400 Post Oak Parkway, Suite 1100	Houston	TX	77027
Street Address or Post Office Box Numbers	City	State	Zip
4. The mailing address of the principal office address of any partnership office in Kentucky (if applicable):

_____	_____	_____	_____
Street Address or Post Office Box Numbers	City	State	Zip
5. The street address of the partnership's initial registered office in Kentucky is

421 West Main Street	Frankfort	KY	40601
Street Address (No Post Office Box Numbers)	City	State	Zip
6. The name of the initial registered agent at that office is Corporation Service Company
7. The state or country of jurisdiction of the organization is Texas
8. This application will be effective upon filing.

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

<u>Frank McElroy</u>	Frank McElroy	09/12/2023
Signature of Partner	Printed Name	Date
<u>John J Mackel</u>	John Mackel	09/12/2023
Signature of Partner	Printed Name	Date

I, Corporation Service Company, consent to serve as the registered agent on behalf of the limited liability partnership.

By: <u>Alix Anast</u>	Alix Anast, Assistant Secretary	09/14/2023
Signature of Registered Agent	Printed Name	Date