

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Statement of Qualification**  
**(Domestic Limited Liability Partnership)**

**KNL**

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  
**West KY Remodelling Limited Liability Partnership**
  2. The mailing address of the chief executive office of the limited liability partnership is  
**P.O. Box 08, Sebree, KY 42455**
  3. The name of the initial registered agent is  
**Joshua Daniel Floyd**  
and the street address of the entity's initial registered office in Kentucky is  
**640 Starl Shelton Road, Sebree, KY 42455**
  4. The above partnership elects to be a limited liability partnership.
- This filing will be effective on **Tuesday, October 29, 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: Joshua Daniel Floyd**

Signature of individual signing on behalf of **Partner: Peter Ralph Godfrey**

I, **Joshua Daniel Floyd**, consent to serve as the Registered Agent on behalf of this entity on Tuesday, October 29, 2024.