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)

1301241 Michael G. Adams KY Secretary of State Received and Filed 8/15/2023 2:02:44 PM Fee receipt: \$40.00

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Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

Article I: The name of the foreign limited liability partnership is

## **DESERT EAGLES 300 Limited Liability Partnership**

Article II: The mailing address of the partnership's principal office address is

## 300 MAC BRAE RD , LOUISVILLE, KY 40214

Article III: The street address of the partnership's initial registered office in Kentucky is

## 300 MAC BRAE RD, LOUISVILLE, KY 40214

and the name of the initial registered agent at that office is MOSA T AL BADRI

Article IV: The above partnership elects to be a limited liability partnership.

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

Name of partner: MOSA T AL BADRI

Signature of individual signing on behalf of partner: MOSA T AL BADRI

Name of partner: WALEED K AL TAE

Signature of individual signing on behalf of partner: WALEED K AL TAE

Name of partner: **ABDULMAJEED T AL BADRI** 

Signature of individual signing on behalf of partner: **ABDULMAJEED T AL BADRI** 

I, **MOSA T AL BADRI**, consent to serve as the Registered Agent on behalf of the limited liability partnership. on Tuesday, August 15, 2023