1400144.17 Michael G. Adams Secretary of State Received and Filed 10/7/2024 12:00:00 AM Fee receipt: \$0

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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

### House of Wisdom L.L.P.

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

#### 2642 Chandler Dr Apt 1913, Bowling Green, KY 42104

3. The name of the initial registered agent is

#### Cassandra eversole

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

## 2642 Chandler Dr Apt 1913, Bowling Green, KY 42104

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

This filing will be effective on Monday, October 7, 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 **General Partner: Cassandra dawn eversole** Signature of individual signing on behalf of **General Partner**:

helen annette wisdom

l, **Cassandra dawn eversole**, consent to sign for **Cassandra eversole** who serves as the Registered Agent on behalf of this entity on Monday, October 7, 2024.