

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

KNLP  
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Michael G. Adams  
Secretary of State  
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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)**

**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  
**Timeless Beauty Bar Etown Limited Liability Partnership**
  2. The mailing address of the chief executive office of the limited liability partnership is  
**617 N Mulberry St Ste 110a, Elizabethtown, KY 42701**
  3. The name of the initial registered agent is  
**Robin Sykes**  
and the street address of the entity's initial registered office in Kentucky is  
**104 White Oak Dr, Elizabethtown, KY 42701**
  4. The above partnership elects to be a limited liability partnership.
- This filing will be effective on **Tuesday, November 19, 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:**

**Robin Sykes**

Signature of individual signing on behalf of **General Partner:**

**Madelyn Brown**

I, **Robin Sykes**, consent to sign for **Robin Sykes** who serves as the Registered Agent on behalf of this entity on Tuesday, November 19, 2024.