

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
Secretary of State  
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KNLP

Michael G. Adams  
Secretary of State  
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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  
**Empowered Journey LLP**
2. The mailing address of the chief executive office of the limited liability partnership is  
**90 Bessie Ln, Upton, KY 42784**
3. The name of the initial registered agent is  
**Alphonso L Cleaver**  
and the street address of the entity's initial registered office in Kentucky is  
**90 Bessie Ln, Upton, KY 42784**
4. The above partnership elects to be a limited liability partnership.  
This filing will be effective on **Saturday, February 1, 2025**.

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: Alphonso L Cleaver**

Signature of individual signing on behalf of **Partner: Claude Johnson**

Signature of individual signing on behalf of **Partner: Dennis Barnett**

Signature of individual signing on behalf of **Partner: Terron Barbour**

Signature of individual signing on behalf of **Partner: Darryl Wales**

I, **Alphonso L Cleaver**, consent to sign for **Alphonso L Cleaver** who serves as the Registered Agent on behalf of this entity on Saturday, February 1, 2025.