# Commonwealth of Kentucky 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** 

KNLP

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

## **Business System Consultants LLP**

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

## 4030 Tates Creek Road Apt. 4704, Lexington, KY 40517

3. The name of the initial registered agent is

### Nancy L Greer

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

#### 4030 Tates Creek Road Apt. 4704, LEXINGTON, KY 40517

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

This filing will be effective on Friday, October 18, 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: Nancy L Greer** 

Signature of individual signing on behalf of **Partner: Thomas E Northrop** 

I, **Nancy L Greer**, consent to serve as the Registered Agent on behalf of this entity on Friday, October 18, 2024.