

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
Secretary of State
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Michael G. Adams
Secretary of State
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**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

Artistic Alley LIMITED LIABILITY PARTNERSHIP

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

440 Whisper Woods Dr, Somerset, KY 42503

3. The name of the initial registered agent is

Ronni Glidden

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

440 Whisper Woods Dr, Somerset, KY 42503

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

This application will be effective on **Saturday, June 1, 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:**

Ronni Rachelle Glidden

Signature of individual signing on behalf of **General Partner: Anne Theresa Stirling**

I, **Ronni Rachelle Glidden**, consent to sign for **Ronni Glidden** who serves as the Registered Agent on behalf of this entity on Saturday, June 1, 2024.