

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  
**Ria Medical Transportation L.L.P.**
2. The mailing address of the chief executive office of the limited liability partnership is  
**71 CAVALIER BLVD STE 119, FLORENCE, KY 41042**
3. The name of the initial registered agent is  
**Idiris Sharif Ali**  
and the street address of the entity's initial registered office in Kentucky is  
**202 Pheasant Avenue Apt#104 104 Fairdale, Fairdale, KY 40118**
4. The above partnership elects to be a limited liability partnership.

This filing will be effective on **Wednesday, March 19, 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: Idiris Ali**

Signature of individual signing on behalf of **Partner: Ridwan Sirad**

Signature of individual signing on behalf of **Partner: Ahmed Yasin  
K Mohamed**

I, **Idiris Sharif Ali**, consent to serve as the Registered Agent on behalf of this entity on Wednesday, March 19, 2025.