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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)

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

## MOE CONSTRUCTION Limited Liability Partnership

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

#### 3615 Friar Tuck Ct, Louisville, KY 40219

3. The name of the initial registered agent is

## **KEVIN REYES**

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

### 3615 Friar Tuck Ct, Louisville, KY 40219

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

This filing will be effective on Friday, December 13, 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**: **KEVIN S REYES** Signature of individual signing on behalf of **General Partner**: **BAUDELIO MORALES ROBLERO** 

l, **KEVIN S REYES**, consent to sign for **KEVIN REYES** who serves as the Registered Agent on behalf of this entity on Friday, December 13, 2024.