

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

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Michael G. Adams  
KY Secretary of State  
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Michael G. Adams  
Secretary of State  
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**Certificate of Limited Partnership**  
**Domestic Business Entity**

**KNP**

Pursuant to the provisions of KRS Chapter 362.2, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

**Article I:** The name of the limited partnership is

**CUT THE DISTRACTIONS LIMITED LIABILITY LIMITED PARTNERSHIP**

**Article II:** The mailing address of the designated office of the limited partnership is

**1177 castlevale dr. apt 4, louisville, KY 40217**

**Article III:** The street address of the limited partnership's initial registered office in Kentucky is

**1177 castlevale dr. apt 4, louisville, KY 40217**

and the name of the initial registered agent at that office is **Christina Maddox**

**Article IV:** The name and mailing address of each general partner is

Cut The Distractions 1107 Cecil Avenue, Louisville, ky 40211

Cut The Distractions 1177 castlevale dr. apt 4, louisville, KY 40217

**Article V:** The above partnership elects to be a limited liability limited partnership.

We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of partner: **Cut The Distractions**

Signature of partner: **Cut The Distractions**

I, **Deresha Towns**, consent to sign for **Christina Maddox** who serves as the Registered Agent on behalf of the corporation.

**Deresha Towns**

7/23/2023