COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

Pursuant to the provisions of KRS 14A and KRS 362.1, the undersigned partnership submits the following statement:

1. Name of the partnership electing to be a limited liability partnership is:
   JennieLyn Boutique LLP

2. The name of the entity to be used in Kentucky is (if applicable):_____.
   (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

3. The mailing address of principal office of the limited liability partnership is:
   218 Moberly Bend Rd, Corbin Ky 40701
   Street Address or Post Office Box Numbers   City   State   Zip Code

4. The mailing address/chief executive office of any partnership office in Kentucky (if any) is:
   218 Moberly Bend Rd, Corbin Ky 40701
   Street Address or Post Office Box Numbers   City   State   Zip Code

5. The street address of the partnership's initial registered office in Kentucky is:
   218 Moberly Bend Rd Corbin Ky 40701
   Street Address (No Post Office Box Numbers)   City   State   Zip Code

6. The name of the initial registered agent at that office is:
   Amy Gray

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

8. The partnership previously filed a Statement of Authority with the Secretary of State on_____.
   Date

9. This application will be effective upon filing.

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

Amy Gray	*4-14-22*	*Amy Gray* Signature of Partner
Printed Name	Date	
Jennifer Baker	*4-14-22*	*Jennifer Baker* Signature of Partner
Printed Name	Date	

I, *Amy Gray* , consent to serve as the registered agent on behalf of the limited liability partnership.

Amy Gray _____   *Amy Gray*   *4-14-22*
Signature of Registered Agent   Printed Name   Date

(07/20)