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

1422060.17 Michael G. Adams Secretary of State Received and Filed 1/15/2025 12:00:00 AM

Fee receipt: \$40

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)

**KNL** 

KNLP

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

## LOUISVILLE FLEET AND AUTO REPAIR, LIMITED LIABILITY PARTNERSHIP

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

# 4326 S Brook St, Louisville, KY 40214

3. The name of the initial registered agent is

#### **AUSTIN SMITH**

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

### 4326 S Brook St, Louisville, KY 40214

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

This filing will be effective on Wednesday, January 15, 2025.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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:

### **AUSTIN SMITH**

Signature of individual signing on behalf of **General Partner**: **JOHN RAYBURN** 

I, **AUSTIN SMITH**, consent to sign for **AUSTIN SMITH** who serves as the Registered Agent on behalf of this entity on Wednesday, January 15, 2025.