

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

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Michael G. Adams  
Secretary of State  
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KNLP

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

**MAYHEM MMALLP**

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

**1623 Thornton Pl, Henderson, KY 42420**

3. The name of the initial registered agent is

**SPARTAN COLLECTIVE**

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

**1623 Thornton Pl, Henderson, KY 42420**

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

This filing will be effective on **Monday, September 30, 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:**

**JOSHUA STANLEY**

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

**NATHAN MANESS**

I, **JOSHUA STANLEY**, consent to sign for **SPARTAN COLLECTIVE** who serves as the Registered Agent on behalf of this entity on Monday, September 30, 2024.