

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

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Michael G. Adams
Secretary of State
Received and Filed
3/21/2024 12:00:00 AM
Fee receipt: \$40

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

Drug and Alcohol Recovery Treatment (DART) Limited Liability Partnership

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

193 E Court St, Prestonsburg, KY 41653

3. The street address of the partnership's initial registered office in Kentucky is

193 E Court St, Prestonsburg, KY 41653

and the name of the initial registered agent at that office is **Donna Epperson**

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

5. This application will be effective on **Thursday, March 21, 2024.**

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

Name of partner: **VanArk**

Signature of individual signing on behalf of partner: **VanArk**

Name of partner: **Donna Epperson**

Signature of individual signing on behalf of partner: **Donna Epperson**

Name of partner: **Alena Blackburn**

Signature of individual signing on behalf of partner: **Alena Blackburn**

Name of partner: **Donna Epperson**

Signature of individual signing on behalf of partner: **Donna Epperson**

I, **Donna Epperson**, consent to sign for **Donna Epperson** who serves as the Registered Agent on behalf of the limited liability partnership.
on Thursday, March 21, 2024

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