

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

1337763
Michael G. Adams
KY Secretary of State
Received and Filed

KNLP

1/31/2024 10:45:33 AM
Fee receipt: \$40.00

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

Pursuant to the provisions of KRS 362.1-931, the undersigned partnership submits the following statement:

Article I: The name of the foreign limited liability partnership is

MORRISON FAMILY REAL ESTATE Limited Liability Partnership

Article II: The mailing address of the partnership's principal office address is

P.O. BOX 2125 , ASHLAND, KY 41105-2125

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

459 29TH STREET, ASHLAND, KY 41101

and the name of the initial registered agent at that office is **KOURTNEY SWIMM**

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

Article V: This application will be effective on **Wednesday, January 31, 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: **ROBERT MORRISON**

Signature of individual signing on behalf of partner: **ROBERT MORRISON**

Name of partner: **KOURTNEY SWIMM**

Signature of individual signing on behalf of partner:
KOURTNEY SWIMM

I, **KOURTNEY SWIMM**, consent to serve as the Registered Agent on behalf of the limited liability partnership.
on Wednesday, January 31, 2024