

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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KY Secretary of State
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Certificate of Limited Partnership
Domestic Business Entity

KNP

Pursuant to the provisions of KRS Chapter 362.2, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

Article I: The name of the limited partnership is

TUCKER'S GRAFIX SOLUTIONS LIMITED LIABILITY LIMITED PARTNERSHIP

Article II: The mailing address of the designated office of the limited partnership is

PO BOX 182, Salvisa, KY 40372

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

893 Clay Lick Rd, Salvisa, KY 40372

and the name of the initial registered agent at that office is **Jacob Farmer**

Article IV: The name and mailing address of each general partner is

John Tucker 893 Clay Lick Rd, Salvisa, KY 40372

Jacob Farmer 893 Clay Lick Rd, Salvisa, KY 40372

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

Article VI: This application will be effective on **Wednesday, April 10, 2024.**

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

Signature of partner: **John Tucker**

Signature of partner: **Jacob Farmer**

I, **Jacob Farmer**, consent to serve as the Registered Agent on behalf of the corporation.

Jacob Farmer

4/10/2024