

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

KNLP

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Michael G. Adams
Secretary of State
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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

Awaken Recovery Solutions LLP

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

1425 Westwood Dr, Winchester, KY 40391

3. The name of the initial registered agent is

Amber Fields

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

1425 Westwood Dr, Winchester, KY 40391

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

This application will be effective on **Friday, June 21, 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: Kyle James Lafeve**

Signature of individual signing on behalf of **General Partner: Amber Dawn Fields**

I, **Amber Dawn Fields**, consent to sign for **Amber Fields** who serves as the Registered Agent on behalf of this entity on Friday, June 21, 2024.