

**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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Frankfort, KY 40602-0718  
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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

**Obbedi solutions, LLP**

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

**3648 Manslick Rd Apt 4, Louisville, KY 40215**

3. The name of the initial registered agent is

**Yahumara Ortiz**

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

**3648 Manslick Rd Apt 4, Louisville, KY 40215**

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

This filing will be effective on **Sunday, February 16, 2025**.

This entity is **NOT** a tobacco retailer as defined by KRS 438.305(9).

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:**

**Yahumara Ortiz**

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

**Yahumara Ortiz**

I, **Yahumara Ortiz**, consent to sign for **Yahumara Ortiz** who serves as the Registered Agent on behalf of this entity on Sunday, February 16, 2025.