

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

1342683  
Michael G. Adams  
KY Secretary of State  
Received and Filed

2/19/2024 2:11:41 PM

Fee receipt: \$40.00

KNLP

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

**Tiny Tales Play Cafe Limited Liability Partnership**

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

**8903 SPALAGO CT , LOUISVILLE, KY 40299-1543**

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

**8903 SPALAGO CT, LOUISVILLE, KY 40299-1543**

and the name of the initial registered agent at that office is **Arletis Morales**

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

**Article V:** This application will be effective on **Monday, February 19, 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: **Arletis Morales**

Signature of individual signing on behalf of partner: **Arletis Morales**

Name of partner: **Ariadna Garcia Solla**

Signature of individual signing on behalf of partner: **Ariadna Garcia Solla**

I, **Arletis Morales**, consent to serve as the Registered Agent on behalf of the limited liability partnership.  
on Monday, February 19, 2024