

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

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Michael G. Adams  
Secretary of State  
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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

**Careary Care LIMITED LIABILITY PARTNERSHIP**

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

**28 Red Clover Ct, Florence, KY 41042**

3. The name of the initial registered agent is

**Eunice Dundu**

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

**28 Red Clover Ct, Florence, KY 41042**

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

This filing will be effective on **Friday, November 15, 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:**

**Eunice Dundu**

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

**Alexander Dundu**

I, **Eunice Dundu**, consent to sign for **Eunice Dundu** who serves as the Registered Agent on behalf of this entity on Friday, November 15, 2024.