

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

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Michael G. Adams  
KY 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:

**Article I:** The name of the foreign limited liability partnership is

**DENALI Limited Liability Partnership**

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

**201 S Sherrin Ave , Louisville, KY 40207**

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

**201 S Sherrin Ave, Louisville, KY 40207**

and the name of the initial registered agent at that office is **Armester D Blevins**

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

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

Name of partner: **Armester D Blevins**

Signature of individual signing on behalf of partner: **Armester D Blevins**

Name of partner: **Alison A Tucker**

Signature of individual signing on behalf of partner: **Alison A Tucker**

I, **Armester D Blevins**, consent to serve as the Registered Agent on behalf of the limited liability partnership.  
on Friday, June 16, 2023