

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
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Secretary of State  
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**Certificate of Limited Partnership**  
**Domestic Business Entity**

**KNP**

Pursuant to the provisions of KRS Chapter 362.2, the undersigned applicant applies to register a certificate of limited partnership and for that purpose submits the following statement:

A Kentucky limited partnership is formed pursuant to the Kentucky Uniform Limited Partnership Act (2006).

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

**SKY VIEW ACRES LIMITED LIABILITY LIMITED PARTNERSHIP**

**Article II:** The mailing address of the designated office of the limited partnership is

**2980 Dry Creek Rd, Elkhorn, KY 42733**

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

**2980 Dry Creek Rd, Elkhorn, KY 42733**

and the name of the initial registered agent at that office is **Nathan Miller**

**Article IV:** The name and mailing address of each general partner is

Nathan Miller                      2980 Dry Creek Rd, Elkhorn, Ky 42733

Melvin Miller                      2980 Dry Creek Rd, Liberty, KY 42733

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

**Article VI:** This application will be effective on **Saturday, February 10, 2024.**

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

Signature of partner: **Nathan Miller**

Signature of partner: **Melvin Miller**

I, **Nathan Miller**, consent to serve as the Registered Agent on behalf of the corporation.

**Nathan Miller**

2/10/2024