

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
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Statement of Qualification
(Domestic Limited Liability Partnership)

KNL

KNLP
1373986.17
Michael G. Adams
Secretary of State
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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
Lecorgan Property Management Limited Liability Partnership
2. The mailing address of the chief executive office of the limited liability partnership is
9000 Lakeridge Dr, Louisville, KY 40272
3. The name of the initial registered agent is
Lecorgan Property Management
and the street address of the entity's initial registered office in Kentucky is
9000 Lakeridge Dr, Louisville, KY 40272
4. The above partnership elects to be a limited liability partnership.
This application will be effective on **Monday, June 24, 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:**

Moriah Lecorgan

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

Jessica Lecorgan

I, **Moriah Lecorgan**, consent to sign for **Lecorgan Property Management** who serves as the Registered Agent on behalf of this entity on Monday, June 24, 2024.