

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

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Michael G. Adams  
Secretary of State  
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KNLP

Michael G. Adams  
Secretary of State  
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Frankfort, KY 40602-0718  
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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  
**Embrey - Probus Construction LLP**
2. The mailing address of the chief executive office of the limited liability partnership is  
**165 Shrewsbury Rd, Leitchfield, KY 42754**
3. The name of the initial registered agent is  
**Brennen Embrey**  
and the street address of the entity's initial registered office in Kentucky is  
**165 Shrewsbury Rd, Leitchfield, KY 42754**
4. The above partnership elects to be a limited liability partnership.  
This application will be effective on **Tuesday, May 28, 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:**

**Brennen Embrey**

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

**Shawn Probus**

I, **Brennen Embrey**, consent to sign for **Brennen Embrey** who serves as the Registered Agent on behalf of this entity on Tuesday, May 28, 2024.