

**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

**JUSTINS ROSE AUTO REPAIR Limited Liability Partnership**

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

**10965 DIXIE HWY, WALTON, KY 41094**

3. The name of the initial registered agent is

**JUSTIN TUNAMAU**

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

**465 STRATTON DR, FLORENCE, KY 41042**

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

This filing will be effective on **Thursday, April 17, 2025**.

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 **Partner: JUSTIN TUNAMAU**

Signature of individual signing on behalf of **Partner: ELVIS LEMBE**

Signature of individual signing on behalf of **Partner: ROSE UKUNDJI**

I, **JUSTIN TUNAMAU**, consent to serve as the Registered Agent on behalf of this entity on Thursday, April 17, 2025.