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Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Statement of Qualification (Domestic Limited Liability Partnership)

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

A Frame C&R Construction LLP

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

7013 Brook Bend Way, Louisville, KY 40229

3. The name of the initial registered agent is

A Frame C&R Construction LLP

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

7013 Brook Bend Way, Louisville, KY 40229

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

This application will be effective on Monday, July 8, 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 **Partner: Dakota Collie** Signature of individual signing on behalf of **Partner: Roland Ritter**

l, **Dakota Collie**, consent to sign for **A Frame C&R Construction LLP** who serves as the Registered Agent on behalf of this entity on Monday, July 8, 2024.