



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

1238399.16

tsemones
ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
10/24/2022 4:24 PM
Fee Receipt: \$40.00

Division of Business Filings
P.O. Box 718,
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Limited Partnership
(Domestic Business Entity)

Pursuant to the provisions of KRS 14A and KRS 362, 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).

1. The name of the limited partnership is Lazy Acres Mobile Homes LP

2. The mailing address of the principal office of the limited partnership is:
3374 Shore Parkway, Suite 2C Brooklyn NY 11235
Street Address or Post Office Box Numbers **City** **State** **Zip Code**

3. The street address of the limited partnership's initial registered office in Kentucky is:
306 W. Main Street, Suite 512, Frankfort KY 40601
Street Address (No Post Office Box Numbers) **City** **State** **Zip Code**

4. The name of the initial registered agent at that office is Vcorp Services, LLC

5. The name and street address of each general partner is:
Gimmel Partner: 3374 Shore Parkway, Suite 2C Brooklyn NY 11235
Name **Street Address (No Post Office Box Numbers)** **City** **State** **Zip Code**

Name **Street Address (No Post Office Box Numbers)** **City** **State** **Zip Code**

6. The limited partnership elects to be a limited liability limited partnership. Check the box if applicable: ☐

7. This application will be effective upon filing.

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

Kalman Tokarsky, Managing Partner 10/20/2022
Signature of Partner **Printed Name** **Date**

Signature of Partner **Printed Name** **Date**

I, Vcorp Services, LLC, consent to serve as the registered agent on behalf of the limited partnership.

Miriam Nachison 10/20/2022
Print Name of Registered Agent **Printed Name** **Date**

3y: **Signature of Registered Agent**